Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
28th June 2012

TITLE	**Corporate Risk Register**
EXECUTIVE SUMMARY	This report presents the Corporate Risk Register as at 19th June 2012. Since last reporting to the Trust Board (29th March 2012) the following is noted: • One new risk opened • Two risks have increased in risk level • Three risks have decreased in risk level • Two risks have closed
BOARD ASSURANCE (RISK)/ IMPLICATIONS	The Corporate Risk Register report provides assurance that relevant risks have been identified as corporate risks and that mitigating actions are in place. The report contains summary information, the full Corporate Risk Register, as well as details of those risks closed in the period.
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	Not assessed and views not taken.
EQUALITY AND DIVERSITY ISSUES	None identified.
LEGAL ISSUES	The Corporate Risk Register is required by the Department of Health and is a particular requirement of the NHS Litigation Authority. It is a fundamental operating requirement of Monitor.
The Trust Board is asked to:	The Trust Board is asked to note the contents of the Corporate Risk Register in order to assure itself that all risks are accurately identified and mitigated adequately.
Submitted by:	Marty Williams, Head of Patient Safety On behalf of, Suzanne Rankin, Chief Nurse
Date:	19th June 2012
Decision:	For Review

TRUST BOARD
28th June 2012

Corporate Risk Register

Process

All risks submitted for inclusion on the Corporate Register must have a completed Trust Risk Register Notification Form. In the first instance the Manager of the area where the risk has been identified is to discuss the risk with, the appropriate Lead Executive Director.

If, in the view of the Lead Executive Director, the Trust Risk Register Notification Form contains all relevant information, and is an appropriate entry for the Corporate Risk Register the risk will be entered onto the Corporate Risk Register.

On a monthly basis, at the Trust Executive Committee meetings, all new risks entered on the Corporate Risk Register will be highlighted and discussed. The Corporate Risk Register last went to the Trust Executive Committee meeting on 22nd June 2012. The next meeting is 27th July 2012.

New Risks

ID	Title	Description	Current Level	Responsibility / Owners
1208	Underperformance of CIP Programme for 2012/2013 and lack of a robust CIP Strategy in place for the medium to longer term	The financial strategy of the Trust requires overall savings of £12m in 2012/2013. Underachievement of £12m would lead to the financial plan not being achieved, with a failure to obtain a Monitor financial risk rating of 3 at year end, and a further risk to the financial sustainability of the Trust.	**HIGH 12**	Executive Director: Simon Marshall Lead Manager: Mark Hinchcliffe

Risks with Increased Risk Level

ID	Title	Description	Reason	Previous Level	Current Level	Responsibility Owners
832	Loss of Income-Contracts	There is a loss of income related to Department of Health mandated financial penalties, for non-achievement of key performance targets.	With the start of the new financial year and the risk of the PCT introducing tougher penalties and fines for failing to meet key performance targets the risk has been raised.	**HIGH 8**	**HIGH 12**	Executive Director: Simon Marshall Lead Manager: Stephen Hepworth

763	Health Care Acquired Infection & National Targets	There is a potential for failure to control Health Care Acquired Infection and not achieving the National and Strategic Health Authority set target reductions. Risk to patients and Trust reputation.	1 MRSA bacteraemia reported in April 2012, therefore the Trust has now reached its maximum for 2012/2013.	**MED 6**	**HIGH 12**	Executive Director: Suzanne Rankin Lead Manager: Linda Towey

Risks with Decreased Risk Level

ID	Title	Description	Reason	Previous Level	Current Level	Responsibility Owners
1130	Lack of assurance of robust adult safeguarding procedures	There is inadequate assurance that safeguarding concerns from external partners, particularly around discharge of vulnerable patients, is being adequately addressed.	June 12: Training numbers: Safeguarding = 80% MCA/DOLS = 65% Medical Lead appointed for Safeguarding Nurse appointed and in post CQC Improvement plan on track	**HIGH 9**	**MED 6**	Executive Director: Suzanne Rankin Lead Manager: Vanessa Avlonitis
1147	The use of escalation beds Trust-wide compromises patient safety, privacy and dignity	Significant capacity issues affecting both hospitals which has meant escalation beds are necessary and sometimes located in areas not routinely used for in-patient activity and therefore do not always provide the best quality experience. Some examples of impact upon elective surgery and procedures are noted. This represents poor patient experience -it also has an impact on the Trust finances and external targets.	June 12: Trust wide capacity modelling and plan Stage 1 implementation planned for the 15th 2012. CQC action plan on track. New nursing establishments agreed and ready for implementation on the 15th July 2012.	**HIGH 9**	**MED 6**	Executive Director: Suzanne Rankin Contact: Vanessa Avlonitis
1128	Capacity issues affecting quality of care for patient in A&E	There is inadequate assurance that safeguarding concerns from external partners, particularly around discharge of vulnerable patients, is being adequately addressed.	A & E has made significant progress in the last 2 months on the action plan in particular in managing flow within the department this includes introducing care pathways better management of flow and working with the rest of the Trust to pull patients out of the department and into beds, reducing length of stay and ensuring responsibility for achieving the 4 hour target is trust wide. This has resulted in better flow, fewer breaches and improvement of the quality of care.	**HIGH 9**	**MED 6**	Executive Director: Valerie Bartlett Lead Manager: Jenny Farley

Risks Closed

ID	Title	Reason
1150	Underperformance of CIP Programme in 2011/12	End of financial year, new risk created
1083	Corporate lack of Trust Social Services Worker Post	Successful recruitment of a support nurse for child protection

Summary of Corporate Risks as at 15th June 2012

ID	Title	Risk level	Rating	Present Treatment	Opened	Review date	Responsibility Owners
Treat: Take actions to reduce or mitigate the risks							
1208	Underperformance of CIP Programme in 2012/13	HIGH	12	TREAT	14-May-2012	25-Jun-2012	Executive Director: Simon Marshall Lead Manager :Mark Hinchcliffe
1129	28 day readmission rate	HIGH	12	TREAT	31-Mar-2011	16-Aug-2012	Executive Director: David Fluck
1072	Discharge process has identified risks to vulnerable patients	HIGH	12	TREAT	2-Sep-2010	25-Jul-2012	Executive Director: Suzanne Rankin Lead Manager: Vanessa Avlonitis
1037	Failure to monitor and review compliance with CQC regulations.	HIGH	12	TREAT	16-Jul-2010	18-Aug-2012	Executive Director: Suzanne Rankin Lead Manager: Heather Caudle
832	Loss of income-Contracts. (BAF 3.4)	HIGH	12	TREAT	26-Mar-2009	16-Jul-2012	Executive Director: Simon Marshall Lead Manager: Stephen Hepworth
764	Delivery on all Performance Targets. (BAF 1.1 & 1.2)	HIGH	12	TREAT	12-Mar-2008	24-Jul-2012	Executive Director: Valerie Bartlett Lead Manager: Claire Braithwaite
763	Health Care Acquired Infection & National Targets. (BAF 1.2)	HIGH	9	TREAT	12-Mar-2008	18-Jul-2012	Executive Director: Suzanne Rankin Lead Manager: Linda Towey
1147	The use of escalation beds Trust-wide compromises patient safety, privacy and dignity.	MED	6	TREAT	12-Jun-2011	2-Aug-2012	Executive Director: Suzanne Rankin Lead Manager: Vanessa Avlonitis
1130	Lack of assurance of robust adult safeguarding procedures	MED	6	TREAT	31-Mar-2011	14-Sep-2012	Executive Director: Suzanne Rankin Lead Manager: Vanessa Avlonitis
1128	Capacity issues affecting quality of care for patients in AE	MED	6	TREAT	31-Mar-2011	27-Sep-2012	Executive Director: Valerie Bartlett Lead Managerl: Jenny Farley
1057	Possible loss of patient confidence in the Complaints service.	MED	6	TREAT	12-Aug-2010	1-Aug-2012	Executive Director: Suzanne Rankin Lead Manager: Sal Maughan
766	Patient satisfaction scores. (BAF 1.7)	MED	4	TREAT	12-Mar-2008	11-Aug-2012	Executive Director: Suzanne Rankin Lead Manager:Sal Maughan
Tolerate: Accept the risk at its current level of risk							
1110	Loss of NHS income arising from damage to property.	HIGH	8	TOL	20-Jan-2011	28-Mar-2013	Executive Director: Simon Marshall Lead Manager: Miriam Moore
1113	Fraud and Corruption	MED	6	TOL	2-Feb-2011	18-Apr-2013	Executive Director: Simon Marshall Lead Manager: Miriam Moore

Corporate Risk Register

Trust Board 28th June 2012

ID	Title	Description	Rating	Risk level	Opened	Review date	Action Plan	Progress of Action Plan	Rating (Target)	Risk level (Target)	Responsibility / Owners
763	Health Care Acquired Infection & National Targets. (BAF 1.2)	There is a potential for failure to control Health Care Acquired Infection and not achieving the National (& SHA set) Target reductions. Risk to patients and Trust reputation	12	HIGH	12-Mar-2008	18-Jul-2012	All previous action plans can be accessed from paperwork held in the Quality Department. **March 2012:** Action Plans have been updated to reflect the current status	All previous updates can be accessed from paperwork held in the Quality department. **April 2012:** The Trust trajectory is set at 1 MRSA bacteraemia for 2012-2013. This risk has been increased to high as the Trust has reported a hospital acquired MRSA bacteraemia in April 2012. Vigilance in practice is paramount and should be in line with our MRSA action plan for 2012-2013 not to exceed our trajectory.	3	LOW	Executive Director: Suzanne Rankin Lead Manager: Linda Towey
764	Delivery on all Performance Targets. (BAF 1.1 & 1.2)	Potential failure to deliver on some performance targets - In particular admitted pathway 90% target for some elective specialties (orthopaedics, oral surgery) and sustaining (ASPH alone) 98% '4 hour' target.	12	HIGH	12-Mar-2008	24-Jul-2012	Previous Action Plans held on paper in Quality - Risk Register section **Jan 2012:** The key risk is delivery of a maximum waiting time of 4 hours in A&E as the Trust failed to meet this standard during Q3. As a result, the recovery plan has been reviewed and revised and the leadership team has been strengthened to support delivery. (A copy of the plan is held in the Quality Dept)	All previous progress held on paper by the Quality Department - Risk Register section **Jan 2012:** See Action Plan **June 2012:** Continuing to impelment the action plan - delivery remains a challenge but seen significant improvement since mid April	4	MED	Executive Director: Valerie Bartlett Lead Manager: Valerie Bartlett Contact : Claire Braithwaite

Corporate Risk Register

Trust Board 28th June 2012

ID	Title	Description	Rating	Risk level	Opened	Review date	Action Plan	Progress of Action Plan	Rating (Target)	Risk level (Target)	Responsibility / Owners
832	Loss of income- Contracts. (BAF 3.4)	There is a loss of contract income related to DH-mandated readmissions penalties, and continued financial penalties for non-achievement of key performance targets, plus additional local contract penalties. Fast Steady Stop task group set up. Action plan monitored.	12	HIGH	26-Mar-2009	16-Jul-2012	Previous Action Plan/s held on paper in the Quality department - Risk Register section. **June 11:** Brief DGMs and seek views on impact of new contract penalties and CQUIN for 11/12. Brief TEC and Board in June 2011 - contract terms, risks and penalties. Repeat briefing for DGMs to cascade. Negotiate revisions to PCT Daycase/OP procedure levy. Shadow-monitor bought-out challenges in year 11/12. Continue prior approvals process and C2C referral monitoring with Thames Medical. **August 11:** Finalise the Trust's proposed business rules for OP Procedure vs Daycase contract challenge and send to PCT, to apply to M4 data. Seek second review of prior approvals process with Thames Medical.	All previous progress held on paper in the Quality department - Risk Register section **April 2012** 2011-2012: With the controls in place and careful management by the Operations/Quality Department/Business Development the income risk for 11/12 did not occur. The Trust achieved its income target by £3.4 million 2012-2013: The Trust has agreed an income target with North Surrey that is in line with its expenditure budget. Actions to manage the target have been allocated to the Divisions. A detailed plan is being prepared to manage contract risks and activitiy targets. **June 2012** - Working with CIP leads to develop project plans and milestones for delivery of PMO monitored CIPs - Working with DGMs and CIP leads to shore-up schemes that are not assured - PMO Assured total now £4m - 'Closing the gap' by working with DGMs and CIP leads to identify new schemes for 2012/2013 - Confirm reporting mechanisms for CIP leads / PMO / Execs	6	MED	Executive Director: Simon Marshall Lead Manager: Stephen Hepworth

Corporate Risk Register

Trust Board 28th June 2012

ID	Title	Description	Rating	Risk level	Opened	Review date	Action Plan	Progress of Action Plan	Rating (Target)	Risk level (Target)	Responsibility / Owners
1037	Failure to monitor and review compliance with CQC regulations.	If we fail to monitor and review compliance with CQC regulations then the organisation will, at worst, fail to meet the essential standards of compliance. The most severe regulatory response to this would be a de-registration of services and/or legal action.	12	HIGH	16-Jul-2010	18-Aug-2012	**Jan 2012:** 1. Strengthening of divisional governance meetings systems and processes. 2. Regular meetings between the Associate Director of Operations and Associate Director of Quality from January 2012. 3. Review of Clinical Governance Committee structure, both corporately and at divisional level - March 2012.	Previous information held in Quality Department **June 2012:** Repeat CQC visit on 23 May 2012 review of areas of non-compliance found in December 2011 which were Outcomes 1, 4 & 14 in addtion Outcome 5 & 8 were reviewed. Early indications are we are fully compliant in all areas except Outcome 4 - continued concerns around nursing documentation. Progress: - 24hr Hospital Insight carried out Thematic review presented to Managers in April and May Event to communicate further findings being presented for September Mitigation:- Documentation skills and competancy workshops for nurses External review of Outcome 4 by Parkhill auditors Continued monitoring via Best Care Dashboard	4	MED	Executive Director: Suzanne Rankin Lead Manager: Heather Caudle

Corporate Risk Register

Trust Board 28th June 2012

ID	Title	Description	Rating	Risk level	Opened	Review date	Action Plan	Progress of Action Plan	Rating (Target)	Risk level (Target)	Responsibility / Owners
1129	28 day readmission rate	High readmission rate indicative of poor quality. requirement to eliminate elective-emergency admissions and reduce emergency-emergency rate by 25% . Loss of funding for readmission following primary elective admission (possible for both episodes of care) to sum of circa £1.6m. Financial Impact of emergency-emergency readmissions not yet known.	12	HIGH	31-Mar-2011	16-Aug-2012	**March 11:** Enhancing Quality pathways working to monitor and reduce readmissions for heart failure, pneumonia, Acute Myocardial Infarctions, Hips and Knees. North West Surrey working to reduce readmissions through enhanced joint working. Monitoring readmissions and examining themes by divisions at Clinical Governance Committee.	Previous updates are held in the Quality Department **Feb 12:** No change **March 12:** Risk is to be reviewed through the Quality Clinical Outcomes Steering Group. **June 2012:** Still awaiting basline form PCT from which the target is calculated. It is going to be a reduction of all inappropriate readmissions which will have a financial impact. Reducing readmissions remains a quality performance indicator which is reviewed and monitored by the divisions		LOW	Executive Lead David Fluck

Corporate Risk Register

Trust Board 28th June 2012

ID	Title	Description	Rating	Risk level	Opened	Review date	Action Plan	Progress of Action Plan	Rating (Target)	Risk level (Target)	Responsibility / Owners
1072	Discharge process has identified risks to vulnerable patients	Cause for concerns relating to poor discharge planning Discharge themes identified through complaints and PALS analysis	12	HIGH	2-Sep-2010	25-Jul-2012	**Feb 12:** Managed through the Project Management Office	Previous information is held in the Quality Department **March 12:** Some progress in discharge planning has been made with more proactive planning apparent on some wards. Pilot being commissioned for more intensive work with wards on good discharge practice, likely to be implemented on two wards from mid April onwards. HNA training still planned for late April/early May. **June 2012:** HNA training for Band 7 and Matrons completed although following hands on work some require signing off. The training has produced improved HNA's. Funding is being sought to support this training. Holly and Cedar wards have got 20/20 assessment which is ongoing.	3	LOW	Executive Lead: Suzanne Rankin Lead Manager: Caroline Farrar cc Claire O'Brien

Corporate Risk Register

Trust Board 28th June 2012

ID	Title	Description	Rating	Risk level	Opened	Review date	Action Plan	Progress of Action Plan	Rating (Target)	Risk level (Target)	Responsibility / Owners
1208	Underperformance of CIP Programme for 2012/2013 and lack of a robust CIP Strategy in place for the medium to longer term	The financial strategy of the Trust requires overall savings of £12m in 2012/2013. Underachievement of £12m would lead to the financial plan not being achieved, with a failure to obtain a Monitor financial risk rating of 3 at year end, and a further risk to the financial sustainability of the Trust.	12	HIGH	14-May-2012	25-Jun-2012	**Short term actions:** PMO reviewed CIP templates against an objective checklist of criteria, to arrive at a 'PMO Assured CIP Total' and identify schemes at risk. Working with CIP leads to develop project plans and milestones for delivery of PMO monitored CIPs and performance monitoring and performance management processes in place. Working with DGMs and CIP leads to shore-up schemes that are not assured . 'Closing the gap' by working with DGMs and CIP leads to identify new schemes for 2012/2013. Confirm reporting mechanisms for CIP leads / PMO / Execs. Agree additional governance required beyond scheduled monthly CIP meetings. Identification of future CIP ideas in terms of overall themes and CIP focus. Moving CIP attention towards planning for the medium and longer term future, whilst, at the same time, delivering the current year CIP programme. Further information on actions can be found in the Quality Department	**Urgent Actions Underway** Completing outstanding meetings with CIP leads to establish PMO Assured figure. Identified top 10 non-PMO Assured schemes (£4.9M)- establishing plans to turnaround ASAP and any schemes without plans in place to be formally escalated	3	LOW	Key Personnel: Valerie Bartlett Claire Braithwaite Caroline Boswell Lead Manager - Mark Hinchcliffe

Corporate Risk Register

Trust Board 28th June 2012

ID	Title	Description	Rating	Risk level	Opened	Review date	Action Plan	Progress of Action Plan	Rating (Target)	Risk level (Target)	Responsibility / Owners
1128	Capacity issues affecting quality of care for patients in A&E	Due to lack of capacity and patient flow some patients are waiting for prolonged periods in the A&E department whilst the department continues to receive patients from the community. The department is unable to work efficiently to meet the many and varied needs of large numbers of patients. The quality of care and treatment provided at these times is therefore at risk of degradation.	6	MED	31-Mar-2011	27-Sep-2012	**March 2011 -** Work with partners to reduce external demand on the A&E department (SECAMB and GPs). Internal Trust work to review and refine emergency and acute pathways to improve patient flow. Matron to review management of ambulance patients in the queue and consider co-horting to a safe ""surge"" area. ED Consultant to review medical team management and referral processes. Escalation policy to secure additional staff and resource to the department as required. Regular medical review of those patients with decision to admit. Prioritisation to move patients when beds become available on a clinical severity basis. Escalation of all patients requiring a specialist bed.	Previous updates are held in the Quality Department **June 2012:** A & E has made significant progress in the last 2 months on the action plan an in particular in managing flow within the department this includes introducing care pathways better management of flow and working with the rest of the trust to pull patients out of the department and into beds, reducing length of stay and ensuring responsibility for achieving the 4 hour target is trust wide. This has resulted in better flow, fewer breaches and improvement of the quality of care.	3	LOW	Executive Director Valerie Bartlett Lead Manager Jenny Farley

Corporate Risk Register

Trust Board 28th June 2012

ID	Title	Description	Rating	Risk level	Opened	Review date	Action Plan	Progress of Action Plan	Rating (Target)	Risk level (Target)	Responsibility / Owners
1147	The use of escalation beds Trust wide compromises patient safety and dignity	Significant capacity issues affecting both hospitals which has meant escalation beds are necessary and sometimes located in areas not routinely used for in-patient activity and therefore do not always provide the best quality experience. Some examples of impact upon elective surgery and procedures are noted.This represents poor patient experience -it also has an impact on the Trust finances and external targets.	6	MED	17-Jun-2011	2-Aug-2012	**Immediate actions include:** - Making sure patients are accommodated in the right place, and not in escalation areas. - Moving as much planned activity as possible to Ashford, with the right support, so St Peter's can concentrate on acute care. - Making sure we manage our beds in a better way so we don't have to keep moving patients around our wards. - That staff understand what the alternatives to acute admission are and that they know how to access these services. - Improving our multi-disciplinary ward rounds and discharge processes.	Previous information is held in the Quality Department. **March 12:** Swift ward plan in place to address nursing medical short fall in consistency. Therapy and Phlebotomy support sought, and work underway to reconfigure bed base and substantiate swift with a nursing establishment. **June 12:** Trust wide capacity modelling and plan stage 1 implementation planned for the 15th July 2012. CQC action plan on track. New nursing establishments agreed and ready for implementation on the 15 July 2012.		LOW	Executive Director: Suzanne Rankin Contact: Vanessa Avlonitis
1130	Lack of assurance of robust adult safeguarding procedures	There is inadequate assurance that safeguarding concerns from external partners particularly around discharge of vulnerable patients are being adequately addressed.	6	MED	31-Mar-2011	14-Sep-2012	**May 11:** Heads of Nursing now taking the lead for delivery of operational safeguarding policy, procedures and practice within Divisions. First action to be Divisional Review with assessment and improvement plans by 30 June 11. Corporate Activity to be focused in 3 areas: 1. Training. 2. Corporate Leadership. 3. Engagement and multi-agency working. Corporate action plan to be drafted by 27 May 11	**March 12:** Nurse recruited into Safe Guarding role. Training continuing to progress. Until nurse starts, this is still an operational risk. **June 12:** Training numbers: Safeguarding = 80% MCA/DOLS = 65% Medical Lead appointed for Safeguarding Nurse appointed and in post CQC Approvement plan on track	3	LOW	Exec Director: Suzanne Rankin Lead Manager: Vanessa Avlonitis

Corporate Risk Register

Trust Board 28th June 2012

ID	Title	Description	Rating	Risk level	Opened	Review date	Action Plan	Progress of Action Plan	Rating (Target)	Risk level (Target)	Responsibility / Owners
1057	Possible loss of patient confidence in the Complaints service.	The Trust is working to devolve responsibility for the drafting of complaint responses to Divisions. Complaints management is governed by Legislation, CQC and NHSLA standards. Also monitored by PHSO. There is a need to adhere to governance standards and continue to maintain high standards in complaints management while ensuring a high quality response. Risk to Trust reputation and failure of statutory duty	4	MED	12-Aug-2010	1-Aug-2012	1. Resource library on T drive including guidance notes and 'top tips'. 2. Clarity of expectation and performance standards with associated monitoring (via Customer Affairs and Performance meetings). 3. Training with Directorates as required. 4. Continued process of qualitative assurance. (Complaints Manger, Head of Customer Affairs, Chief Nurse). 5. Complaints Office support within Divisions. 6. Ongoing discussion with General Managers re implementation. Nov 10: Review at the next CMG meeting in February 2010. Nov 11: In addition to the action plan in place, there is a more recently developed 4 week improvement plan in place to treat this risk and clear the current backlog of complaints by mid December. The plan has been approved by the Chief Executive and Chief Nurse and agreed by Divisional Directors and is being closely monitored. Feb 12: Improvement plan implemented in December 2011 and actions are still ongoing.	Previous updates are held in the Quality Department **Feb 12:** Risk and action plan to treat were discussed at the Complaints Monitoring Group on 10 February. It was agreed that whilst improvements in the complaints handling process were evident, a sustained improvement could not be guaranteed. The group agreed the risk should remain as it is and be reviewed at the next Complaints Monitoring Group meeting on 4 May 2012. **May 2012:** Risk and action plan to treat were discussed at the Complaints Monitoring Group on 4 May. It was agreed that whilst improvements in the complaints handlimg process were evident, a sustained improvement could not be guaratneed. The group agreed the risk should remain as it is and be reviewed at the next Complaints Monitoring Group meeting on 25 July 2012.	3	LOW	Executive Director: Suzanne Rankin Lead Manager: Sal Maughan

Corporate Risk Register

Trust Board 28th June 2012

ID	Title	Description	Rating	Risk level	Opened	Review date	Action Plan	Progress of Action Plan	Rating (Target)	Risk level (Target)	Responsibility / Owners
766	Patient satisfaction scores. (BAF 1.7)	Potential failure to improve our patient satisfaction scores at national patient surveys (In patient / A & E / OPD)	4	MED	12-Mar-2008	11-Aug-2012	Previous Action Plan/s held on paper by the Quality Department - Risk Register section. **Feb 2012:** Actions include: further survey on February 2012 inpatients to understand whether any change in position; raising staff awareness; the Living Our Values programme has now covered large number of staff and continues engage with staff. **May 2012:** Action plan developed to address inpatient and outpatient surveys 2011. Inpatient spotlight survey underway results expected end of May to be followed by deep dive in June ahead of July 2012 inpatient survey sampling. Further improving patient experience project to be defined and embedding of Living our Values programme continues	All previous progress held on paper by the Quality Department **Feb 12:** Preliminary results from Picker indicate that our inpatient results for July 2011 have not improved and have worsened. We are awaiting the CQC benchmarked results due around May. Results for Outpatients and A&E spotlight surveys indicate some improvements. **May 2012:** Benchmarked CQC results published on 24 April indicate that our inpatient results 2011 have improved with more scores in averge (About the same) banding. A&E Spotlight survey also indicates some improvement. National A&E Survey underway at present.	6	MED	Executive Director: Suzanne Rankin Lead Manager: Vanessa Avlonitis, Sal Maughan

Corporate Risk Register

Trust Board 28th June 2012

ID	Title	Description	Rating	Risk level	Opened	Review date	Action Plan	Progress of Action Plan	Rating (Target)	Risk level (Target)	Responsibility / Owners
1110	Loss of NHS income arising from damage to property.	The Trust is a member of the Property Expenses Scheme (PES) with the NHS Litigation Authority (NHSLA) which provides insurance cover for business interruption expenses arising from an accepted property damage claim with a limit of up to £1m. In addition to this the Trust has purchased top-up insurance to increase cover to £10m. However, whilst this insurance covers increased cost of working arising from all activities, it only covers loss of gross profit from income generation activities, leaving the Trust exposed should it suffer loss of NHS income as a result of damage to property.	8	HIGH	20-Jan-2011	28-Mar-2013	The risk could be reduced by purchasing insurance cover but this is costly and the Board has decided not to purchase cover for loss of NHS income at this stage. In reaching this decision the Board noted one mitigation against the risk was that the Trust operated from two discrete sites. The Trust has Business Continuity Plans (including Disaster Plans) in place that should help mitigate the amount of down time that would lead to such a loss of NHS income.	Previous information is held in the Quality Department **Oct 11:** No change, apart from a delay in commencing the insurance renewal process. This is now expected to commence before the end of October 2011. **Dec 11:** The Trust's existing top-up insurance for loss of non-NHS income was renewed with effect from 01/12/11 but a review of the nee d for cover for loss of NHS income has been delayed and will now take place in Q4 of 2011/12. **April 2012:** Trust accepts ongoing risk, move to yearly update	3	LOW	Executive Director: Simon Marshall Lead Manager: Miriam Moore

Corporate Risk Register

Trust Board 28th June 2012

ID	Title	Description	Rating	Risk level	Opened	Review date	Action Plan	Progress of Action Plan	Rating (Target)	Risk level (Target)	Responsibility / Owners
1113	Fraud and Corruption	The financial loss risk of the misuse or misappropriation of public funds. This risk arose from an external audit from KMPG and then was discussed at ,and agreed, by the Audit Committee to be placed on the Corporate Risk Register	6	MED	2-Feb-2011	18-Apr-2013	1. The Trust engages a Local Counter Fraud Specialist (LCFS) to assess the level of fraud and corruption the Trust faces. There is an annual work plan in place for the LCFS which is determined in conjunction with the Head of Internal Audit and the Director of Finance and is approved by the Audit Committee. LCFS work is undertaken with the additional guidance and oversight of the NHS Counter Fraud and Security Management Service. 2. All new staff attend an induction programme which includes a fraud awareness session lead by the LCFS. There is a Fraud Management Policy and a Whistle-blowing Policy in place at the Trust and both policies can be accessed by staff on the Trust's Intranet. There is a quarterly e-newsletter for staff on this risk plus case studies in Aspire. Proactive exercises to test for this risk are also undertaken by the LCFS in vital or high-risk areas. **Jan 12:** In view of the level of proactive work (designed to develop an anti-fraud culture) contained within the current LCFS work plan agreed by the Audit Committee in March 2011, the risk score has been revi	Previous updates are held in the Quality Department **Oct 11:** We are still waiting for the provisional results of the Qualitative Assessment for 2010/11. Meanwhile, NHS Protect has confirmed that there will be no qualitative assessment process for 2011/12 and that a consultation will be undertaken before the process is redesigned. **Dec 11:** No change **Jan 12:** No change	3	LOW	Executive Director: Simon Marshall Lead Manager: Miriam Moore