Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
28th October 2010

TITLE	**Corporate Risk Register**
EXECUTIVE SUMMARY	This report presents the Corporate Risk Register as at 14th October 2010, and highlights: • **5 New Risks** added since 18th August 2010 • 4 Existing Risks where the risk level has changed since 18th August 2010 • 1 Risk with changed treatment plan since 18th August 2010 • 1 Risk closed since 18th August 2010 This report now includes a Target Risk Score should all the mitigating actions be successfully achieved.
ASSURANCE (Risk) / IMPLICATIONS	The Corporate Risk Register report provides assurance that relevant risks have been identified as corporate risks and by doing so there are action plans in place to mitigate the risk. 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, as well as ALE. It is a fundamental requirement of Monitor when the Trust becomes a Foundation Trust.
The Trust Board is asked to:	The Trust Board is asked to note the contents of the Corporate Risk Register.
Submitted by:	Marty Williams, Clinical Risk Manager On behalf of, Susan Osborne, Interim Chief Nurse
Date:	28th October 2010
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS
NHS Trust

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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 October 2010

New Risks added since 18th August 2010

ID	Title	Description	Present Treatment	Risk level	Responsibility Owners
1083	Corporate lack of Trust Social Services worker post	Currently there is no designated social worker to lead on safeguarding children by the local authority. The risk is that vulnerable children could be missed or become unsupported by the lack of continuity of a designated social worker identified for the Trust. This risk applies to wherever children are cared for within the Trust, specifically Paediatric A&E, Paediatric wards and Paediatric Outpatients. Risk to patients, service, reputation and failure of statutory duty.	TREAT	HIGH	Executive Director: Susan Osborne Lead Manager: Helen Sibley, Nikki Love, Dr Kate Brocklesby Contact: Michael Hooker
1088	Possible non-compliance with IG Toolkit submission and achievement of Level 2 on all requirements	Version 8 of the toolkit states that all requirements now need to be scored at Level 2 or higher in order for the assessment to be satisfactory. Failure of any one requirement will result in an unsatisfactory result and could impact on the SOC held by the Trust. Particular concern is around the requirement of IG training and that 95% of all staff have to complete the online training. Risk of financial loss, failure to meet National targets and statutory duty.	TREAT	HIGH	Executive Director: John Headley Lead Manager: Tracy Street

1089	Lack of outpatients receptionist staff in the Trust.	This is a Risk to: compliance with PbyR and RTT data quality standards, the Trust's reputation as a result of a poor outcome of Picker Outpatient Survey Report, increased staff sickness levels, continued reliance on Bank and Agency staff. Current established staffing is at a ratio of 250-290 patients per receptionist (depending on site and week day). In addition, no uplift is in place to allow for sickness or annual leave, leaving remaining staff carrying an additional burden of patients to process through outpatient reception. Recommended staffing ratios should be around 70-100 patients per receptionist. More detail is shown in the original paper copy of the Notification Form.	TREAT	HIGH	Executive Director: Valerie Howell Lead manager: Hannah Donoghue (Patient Access)
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	TREAT	HIGH	Executive Lead: Susan Osborne Lead Manager: Vanessa Avlonitis
1070	NHS funded healthcare team not completing patient assessments in the Trust which is impacting on capacity.	There are currently 27 patients who are medically fit to leave hospital within The Trust but are delayed in an acute bed waiting for either an assessment, outcome of assessment or placement by The NHS Funded Healthcare Team. This unusually large amount of delayed discharges is now having a big impact on capacity within The Trust. This number increases every day. This morning 4 more patients will be added to this number.The impact of the above number means that The Trust's ability to maintain capacity flow, 4 hour waits & 18 week targets are very much reduced. The NHS Funded healthcare team have been asked by Claire O'Brien whether they would be prepared to second one of their nurse assessors to work at ASPH for 6 months to assist the Senior Discharge Co-coordinator to train ward staff to undertake some of the assessments. The NHS funded Healthcare team has confirmed it is not possible to release one of their nurse assessors as they have a back log of assessments to carry out in the community and do not have sufficient staff to support this. Risk to patients, targets and reputation.	TOLERATE	MED	Executive Director: Valerie Howell Lead Manager: Claire O'Brien cc Juliet Rayner

Existing Risks where the risk level has changed since 18th August 2010

ID	Title	Description	Reason	Previous level	Current level	Responsibility Owners
847	Under delivery of CIP programme. (BAF 4.4) - Financial risk	There is under delivery of the Cost Improvement Plan (CIP). In particular the reduction in additional active work, for example Saturday lists and external referrals. This is a financial risk to the Trust.	Previous progress held on paper by the Quality Department - Risk Register section. May 10: Risk closed for Surgery only; due to risk being realised by the end of the financial year. June 10: In March 10 CIP target achieved for 2009/10. £9 million of CIPs taken from the baseline budget and monitored through PMO office. August 10: Apparent £1.7 million gap at Month 3 reports closed to a £1.2 million gap at Month 4. **Due to being in deficit the risk is re-graded from Medium to High.** Oct 10: The CIP Programme manager is working with divisional managers and other budget holders to identify new schemes and to close the gap. Month 5 gap was reduced and month 6 is forecast to have further reduction.	MED	HIGH	Executive Director: John Headley Lead Manager: Rob Jeffries
1070	NHS funded healthcare team not completing patient assessments in the Trust which is impacting on capacity.	*Further information shown in the previous 'new' risks section.*	**Oct 10: Current discharge team have managed to get through current back-log however demand continues; additional bank resource and recruitment of new staff to discharge team will support management of demand. Risk reduced from High to Medium and Tolerated. (Claire O'Brien)**	HIGH	MED	Executive Director: Valerie Howell Lead Manager: Claire O'Brien
837	Delay in Psychiatric assessment - A & E and MAU	Due to a change in the service the home treatment team (HTT) provide assessment of psychiatric referrals in A & E. The current service has been placed at a lower priority . There is restricted out of hours service. This results in delays in acute psychiatric assessments.At risk: Patients, staff and service. (4hr target)	All previous updates held on paper by the Quality department - Risk Register section Aug 10: Thirty day consultation starting on the 9th Sept to extend the Monday to Friday psychiatric nurse liaison service from 9am to 5pm to 10am to 8pm. This will reduce the delays for assessment and A&E breaches. Planned to start new service in October 2010. **Aug 10: New action plan. Less breaches; psychiatric referrals reducing and a good dialogue with the Psychiatric liaison service. Risk reduced from High to Medium (Pat Rubin)**	HIGH	MED	Executive Director: Valerie Howell Lead Manager: Pat Rubin

1037	Failure to monitor and review compliance with CQC regulations.	New documentation from CQC is ongoing as CQC establish approach and changes may occur due to new government. Compliance with regulations is prospective and the Trust must develop an approach which demonstrates we are able to identify and respond to gaps quickly, with a focus on delivery of outcomes as well as process.	Sep 10: Q1 review behind schedule; majority of standards reviewed, but two outstanding. Delays in uploading information. Actions taken include ensuring 1/2 day set aside for Head of Quality & IG and Deputy Chief Nurse to meet and review outstanding. Plan to be on track for Q2 review, with all evidence uploaded. To report back to Executives if this plan appears to be going on track. **Oct 10: QRP (risk rating) from CQC received with no red risk areas. Ongoing monitoring of standards in place. Risk reduced from High to Medium.**	HIGH	MED	Executive Director: Valerie Howell Lead Manager: Sarah Johnston

Risk with a changed treatment plan since 18th August 2010

ID	Title	Description	Risk level	Previous Treatment	Present Treatment	Reason	Responsibility Owners
1070	NHS funded healthcare team not completing patient assessments in the Trust which is impacting on capacity.	*Details shown in 'new risks' section*	MED	TREAT	TOLERATE	**Oct 10: Current discharge team have managed to get through current back-log however demand continues; additional bank resource and recruitment of new staff to discharge team will support management of demand. Risk reduced from High to Medium and Tolerated. (Claire O'Brien)**	Executive Director: Valerie Howell Lead Manager: Claire O'Brien cc Juliet Rayner

Risk closed since 18th August 2010

ID	Title	Description	Risk level	Opened	Closed date	Reason
907	Service failure- Swine Flu Pandemic	The Swine Flu Pandemic may cause a high number of staff sickness and absence and a high number of patients (adult and paediatric) requiring hospital admission and intensive care consequently there is a risk of service failure. The key issues will be: (a) Service provision and performance targets (Business continuity) (b) Suboptimal patient care (c) Staff fatigue (d) Demand and capacity (e) Ethical considerations (f) Supply chain failure At risk: Service failure; Reputation; National targets; Statutory duty	LOW	16-Sep-2009	27-Aug-2010	Previous progress held on paper by the Quality Department - Risk Register section. July 10: National status de-escalated, therefore addressed through normal Pandemic Flu planning in the Trust. **Aug 10: Swine Flu risk has been stood down nationally. Risk closed**

Summary of Corporate Risks as at 14th October 2010

ID	Title	Risk level	Rating	Present Treatment	Opened	Review date	Responsibility Owners
Treat: Take actions to reduce or mitigate the risk							
763	Health Care Acquired Infection & National Targets. (BAF 1.2)	EXTREM	16	TREAT	12-Mar-2008	2-Nov-2010	Executive Director: Susan Osborne Lead Manager: Linda Fairhead
847	Under delivery of CIP programme. (BAF 4.4) - Financial risk	HIGH	12	TREAT	20-May-2009	2-Dec-2010	Executive Director: John Headley Lead Manager: Rob Jeffries
1024	Loss of income due to application of 'non elective cap'	HIGH	12	TREAT	23-Jun-2010	2-Dec-2010	Executive Director: Valerie Howell Lead Manager: David Lingwood
1083	Corporate lack of Trust Social Services worker post	HIGH	12	TREAT	21-Sep-2010	2-Nov-2010	Executive Director: Susan Osborne Lead manager: Helen Sibley
1088	Possible non-compliance with IG Toolkit submission and achievement of Level 2 on all requirements	HIGH	12	TREAT	12-Oct-2010	2-Nov-2010	Executive Director: John Headley Lead Manager: Tracy Street
1089	Lack of outpatients receptionist staff in the Trust.	HIGH	12	TREAT	12-Oct-2010	3-Dec-2010	Executive Director: Valerie Howell Lead manager: Hannah Donoghue
1072	Discharge process has identified risks to vulnerable patients	HIGH	9	TREAT	2-Sep-2010	1-Nov-2010	Executive Lead: Susan Osborne Lead Manager: Vanessa Avlonitis
768	Staff recruitment and retention. (BAF 2.2)	HIGH	9	TREAT	12-Mar-2008	2-Dec-2010	Executive Director: Raj Bhamber Lead Manager: Jeremy Over cc Raj Bhamber
806	Out of date Trust policies - Risk to patient & staff safety, and ineffective working.	HIGH	9	TREAT	27-Oct-2008	2-Dec-2010	Executive Director: Susan Osborne Lead Manager: Sarah Johnston
832	Loss of income-Contracts. (BAF 3.4)	HIGH	8	TREAT	26-Mar-2009	5-Nov-2010	Executive Director: John Headley Lead Manager: Sue Robertson
833	Loss of private service provider	MED	6	TREAT	26-Mar-2009	5-Dec-2010	Executive Director: Valerie Howell Lead Manager: David Lingwood
1037	Failure to monitor and review compliance with CQC regulations.	MED	6	TREAT	16-Jul-2010	2-Jan-2011	Executive Director: Valerie Howell Lead Manager: Sarah Johnston
1057	Possible loss of patient confidence in the Complaints service.	MED	6	TREAT	12-Aug-2010	2-Nov-2010	Executive Director: Susan Osborne Lead Manager: Jill Down
837	Delay in Psychiatric assessment - A & E and MAU	MED	6	TREAT	9-Apr-2009	4-Nov-2010	Executive Director: Valerie Howell Lead Manager: Pat Rubin
764	Delivery on all Performance Targets. (BAF 1.1 & 1.2)	MED	6	TREAT	12-Mar-2008	5-Dec-2010	Executive Director: Valerie Howell Lead Manager: Valerie Howell
766	Patient satisfaction scores. (BAF 1.7)	MED	4	TREAT	12-Mar-2008	4-Dec-2010	Executive Director: Susan Osborne Lead Manager: Vanessa Avlonitis

Summary of Corporate Risks as at 14th October 2010

ID	Title	Risk level	Rating	Present Treatment	Opened	Review date	Responsibility Owners
769	Disproportionate focus on Foundation Trust application.	MED	4	TREAT	12-Mar-2008	5-Nov-2010	Executive Director: Raj Bhamber Lead Manager: Raj Bhamber
988	VTE phrophylaxsis assessment shortfall	MED	4	TREAT	25-Feb-2010	5-Nov-2010	Executive Director: Mike Baxter Lead Manager: Mike Baxter
767	Privacy and Dignity issues for service users. (BAF 1.8)	LOW	3	TREAT	12-Mar-2008	2-Nov-2010	Executive Directors: Susan Osborne Lead Manager: Vanessa Avlonitis
Tolerate: Accept the risk at its current level of risk							
848	Financial loss due to uninsured claims	HIGH	12	TOL	20-May-2009	3-Dec-2010	Executive Director: John Headley Lead Manager: Colin Matthew
1070	NHS funded healthcare team not completing patient assessments in the Trust which is impacting on capacity.	MED	6	TOL	31-Aug-2010	2-Jan-2011	Executive Director: Valerie Howell Lead Manager: Claire O'Brien

Corporate Risk Register as at 14th October 2010

ID	Title	Description	Rating current	Risk level (current)	Opened	Review date	Action Plan Details	Progress	Rating (Target)	Risk level (Target)	Responsibility Owners
Treat: Take actions to reduce or mitigate the risk											
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	16	EXTREM	12-Mar-2008	2-Nov-2010	All previous action plans can be accessed from paperwork held in the Quality department. Aug 10: Trust wide MRSA action plan updated 9th August and local blood culture action plan formulated following the five MRSA bacteraemias Root Cause Analysis. Details held with paper copy update.	All previous updates can be accessed from paperwork held in the Quality department. Aug 10: A further MRSA case has been notified resulting in reaching the target for the whole year. Risk raised from High to Extreme. **Oct 10: Dedicated phlebotomy team /CSNP's for taking blood cultures when required continues (Excluding NICU, Paeds, ITU). Only in extreme clinical situations and where the clinician is competent is this an exception. CVC line monitoring and VIP scoring for peripheral line MRSA screening for all emergency admissions. Competencies being rolled out Trustwide in regards to aseptic technique**.	3	LOW	Executive Director: Susan Osborne Lead Manager: Linda Fairhead
847	Under delivery of CIP programme. (BAF 4.4) - Financial risk	There is under delivery of the Cost Improvement Plan (CIP). In particular the reduction in additional active work, for example Saturday lists and external referrals. This is a financial risk to the Trust.	12	HIGH	20-May-2009	2-Dec-2010	All previous action plans can be accessed from paperwork held in the Quality department. Aug 10: Revaluation of all existing schemes. Increased governance arrangements around all schemes. Weekly update to CEO. Weekly update on schemes progress by General Managers. Re-launch of CIP programme. Additional schemes identified.	Previous progress held on paper by the Quality Department - Risk Register section. August 10: Apparent £1.7 million gap at Month 3 reports closed to a £1.2 million gap at Month 4. Due to being in deficit the risk is re-graded from Medium to High. **Oct 10: The CIP Programme manager is working with divisional managers and other budget holders to identify new schemes and to close the gap. Month 5 gap was reduced and month 6 is forecast to have further reduction.**	2	LOW	Executive Director: John Headley Lead Manager: Rob Jeffries

Corporate Risk Register as at 14th October 2010

ID	Title	Description	Rating current	Risk level (current)	Opened	Review date	Action Plan Details	Progress	Rating (Target)	Risk level (Target)	Responsibility Owners
1024	Loss of income due to application of 'non elective cap'	Under the standard 2010/11 PCT contracts, the value of emergency admissions over a 2008/9 threshold is reimbursed at a 30% marginal rate. Growth in non elective admissions will generate more costs than income and may prevent the Trust meeting its financial targets	12	HIGH	23-Jun-2010	2-Dec-2010	Action plans are in place to manage non elective admissions. These are being overseen by Programme 2 'Improving service productivity and quality'	Aug 10: An updated action plan will be submitted to the Trust's Finance committee at the August meeting. The monitoring will be undertaken by the Emergency Services Operations Group which meets bi-weekly. **Oct 10: An updated action plan was submitted to the September meeting of the Finance Sub Committee.**	3	LOW	Executive Director: Valerie Howell Lead Manager: David Lingwood
1083	Corporate lack of Trust Social Services worker post	Currently there is no designated social worker to lead on safeguarding children by the local authority. The risk is that vulnerable children could be missed or become unsupported by the lack of continuity of a designated social worker identified for the Trust. This risk applies to wherever children are cared for within the Trust, specifically Paediatric A&E, Paediatric wards and Paediatric Outpatients. Risk to patients, service,reputation and failure of statutory duty.	12	HIGH	21-Sep-2010	2-Nov-2010	The risk has been on the Children's Services Risk Register since December 2009. Since which time steps have been taken, including the naming of a link social worker and updating of processed in A&E, however the risk still persists. Following escalation, our Chief Executive wrote to the Chief Executive of Surrey County Council to arrange a meeting. Since which time our Chief Executive has spoken on the telephone with Andy Roberts, Strategic Director for Children, Schools and Families who has agreed to do a fast review of the situation.	First progress review due on the 2nd November.		LOW	Executive Director: Susan Osborne Lead: Helen Sibley, Nikki Love, Dr Kate Brocklesby Contact: Michael Hooker

Corporate Risk Register as at 14th October 2010

ID	Title	Description	Rating current	Risk level (current)	Opened	Review date	Action Plan Details	Progress	Rating (Target)	Risk level (Target)	Responsibility Owners
1088	Possible non-compliance with IG Toolkit submission and achievement of Level 2 on all requirements	Version 8 of the toolkit states that all requirements now need to be scored at Level 2 or higher in order for the assessment to be satisfactory. Failure of any one requirement will result in an unsatisfactory result and could impact on the SOC held by the Trust. Particular concern is around the requirement of IG training and that 95% of all staff have to complete the online training. Risk of financial loss, failure to meet National targets and statutory duty.	12	HIGH	12-Oct-2010	2-Nov-2010	Action plan currently being drawn up by IG manager in order to identify gaps and to nominate leads on each requirement	First progress review due on the 2nd November.		LOW	Executive Director: John Headley Lead Manager: Tracy Street

Corporate Risk Register as at 14th October 2010

ID	Title	Description	Rating current	Risk level (current)	Opened	Review date	Action Plan Details	Progress	Rating (Target)	Risk level (Target)	Responsibility Owners
1089	Lack of outpatients receptionist staff in the Trust.	This is a Risk to: compliance with PbyR and RTT data quality standards,the Trust's reputation as a result of a poor outcome of Picker Outpatient Survey Report, increased staff sickness levels, continued reliance on Bank and Agency staff. Current established staffing is at a ratio of 250-290 patients per receptionist (depending on site and week day). In addition, no uplift is in place to allow for sickness or annual leave, leaving remaining staff carrying an additional burden of patients to process through outpatient reception. Recommended staffing ratios should be around 70-100 patients per receptionist. More detail is shown in the original paper copy of the Notification Form.	12	HIGH	12-Oct-2010	3-Dec-2010	A Business Case is to be submitted to provide adequate staffing levels.	First progress review due on the 3rd December		LOW	Executive Director: Valerie Howell Lead manager: Hannah Donoghue (Patient Access)

Corporate Risk Register as at 14th October 2010

ID	Title	Description	Rating current	Risk level (current)	Opened	Review date	Action Plan Details	Progress	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	9	HIGH	2-Sep-2010	1-Nov-2010	1. Review Discharge Policy 2. Multidisciplinary team meetings to expedite discharge plans 3. Estimated date of discharge to be agreed and adjusted according to patients medical, functional and cognitive needs 4. Development of a seamless patient pathway for elderly complex discharges 5. Develop training for ward sisters 6. Communication , using the daily white boards, auditing of the use of the discharge check list 7. More responsive nurse handover promoting nurses handover at the bedside 8. Maintain continuity of care by Medical staff 9. Managing expectations of family and carers working in partnership. 10. End of Life Care pathway 11. Discharge prior to holiday period 12. Winterplanning and capacity 13. Readmissions identified	First progress review due on the 1st November.		LOW	Executive Lead: Susan Osborne Lead Manager: Vanessa Avlonitis

Corporate Risk Register as at 14th October 2010

ID	Title	Description	Rating current	Risk level (current)	Opened	Review date	Action Plan Details	Progress	Rating (Target)	Risk level (Target)	Responsibility Owners
768	Staff recruitment and retention. (BAF 2.2)	Failure to recruit and retain sufficient numbers of skilled and experienced clinical staff resulting in a risk of inadequate staffing with a consequent impact on the quality of patient care.	9	HIGH	12-Mar-2008	2-Dec-2010	Previous Action Plan/s held on paper in the Quality Department - Risk Register section. **Oct 10: Update of Aug 10 plan -** **1. Continued implementation of Nursing R&R Strategy/action plan includes rolling, generic recruitment for band 5 nurses.** **2. Continuation of ONP course, ending in February (16 participants).** **3. Completion of ward-level establishment review (will inform future recruitment plans)** **4. Recruitment of A&E Consultants & implementation of new middle grade A&E rota.** **5. Increased vacancy rate for qualified Midwifes (33 wte) being addressed through dedicated action plan, includes recruitment in Ireland and UK universities, jobs fairs etc. Fortnightly Maternity R&R meetings**	Previous progress held on paper in the Quality Department - Risk Register section. **Oct 10: 1. Sustained downward trend in nurse vacancies (qualified vacancies down from 16.2% in April to 13.4% in Sept). A&E was a 'hot spot' but new starters in September & October will remedy. Turnover of qualified nurses reduced to 11.1% in Oct & stability increased to 91.6%.** **2. ONP course commenced in September.** **3. Medical staff hot spots resolved in Paediatrics & Anaesthetics through recruitment and improved deanery fill rate. Review of A&E middle grade rota pending and recruitment to vacancies. 2 A&E Consultants appointed at interview on 16 August. Medical staffing R&R meetings continue.** **4. Midwifery Recruitment & Retention Plan agreed and being implemented. 6 midwives appointed since last report.**		LOW	Executive Director: Raj Bhamber Lead Manager: Jeremy Over cc Raj Bhamber

Corporate Risk Register as at 14th October 2010

ID	Title	Description	Rating current	Risk level (current)	Opened	Review date	Action Plan Details	Progress	Rating (Target)	Risk level (Target)	Responsibility Owners
806	Out of date Trust policies - Risk to patient & staff safety, and ineffective working.	The Trust policy database has only 13% of its policies in date. (October 08) Risk to patients, staff and service. Risk of not meeting the requirements of NHSLA risk management standards.	9	HIGH	27-Oct-2008	2-Dec-2010	All previous action plans held on paper by the Quality department - Risk Register section. Now establishing owners for out of date nursing policies. Sep 10: Work to rationalise nursing policies and procedures in line with Marsden Manual planned for October. Further work to be undertaken in November on medicines section of policy database. **Oct 10: Facilities and estates to set up an action plan for review of policies in their area.**	All previous updates held on paper in the Quality department - Risk Register section. Sep 10: 2 'policy days' have been set up for Oct. Currently 48% of policies in date. The Marsden Manual purchased and now in place for nursing procedures. Review of nursing policies underway - action plan to be delivered at NMC by the end of October. HR policies - current status: 23 policies reviewed and updated, 3 policies in consultation, 2 policies under review. The five outstanding policies will be completed by November 2010. Five Health and Safety policies completed and due for ratification by the end of November at the Risk and Safety Committee. **Oct 10: Nursing policies and procedures lining up with Marsden Manual has commenced and plan is due to be signed off at NMC on 25th October 2010. Plan recommends completion of overdue policies by December 2010.**	4	MED	Executive Director: Susan Osborne Lead Manager: Sarah Johnston
832	Loss of income-Contracts. (BAF 3.4)	There is a loss of income related to DH-mandated financial penalties, for non-achievement of key performance targets, including single-sex accomodation	8	HIGH	26-Mar-2009	5-Nov-2010	previous Action Plan/s held on paper in the Quality department - Risk Register section. July 10: 1. Establish a framework to monitor performance monthly at corporate and directorate level. 2. Briefing to TEC May 2010 on new DH performance targets and penalties. **Sep 10: Develop transparent process for devolving financial targets for CQUIN performance to divisions.**	All previous progress held on paper in the Quality department - Risk Register section. July 10: New RAG-rated schedule developed for Finance report, to monitor performance against key targets for 2010/11: DH penalties, PCT penalties and CQUIN achievement. **Sept 10: Methodology for devolving CQUIN income to divisions developed. Expected to be reported through new format monthly performance reports from October 2010.**	6	MED	Executive Director: John Headley Lead Manager: Sue Robertson

Corporate Risk Register as at 14th October 2010

ID	Title	Description	Rating current	Risk level (current)	Opened	Review date	Action Plan Details	Progress	Rating (Target)	Risk level (Target)	Responsibility Owners
833	Loss of private service provider	Possible loss of provision of services vital to running trust services delivered through partnerships with private providers namely Alliance and Inhealth.	6	MED	26-Mar-2009	5-Dec-2010	1. Re-negotiation of contract for a 10 year period with Alliance. 2. Negotiate a contract extension for 18 months with Inhealth. 3. Joint management boards to review quarterly.	All previous progress held on paper by the Quality Department - Risk Register section. Mar 10: The Trust will retender for a contract with 'In Health' in 2010. Risk returned to Treat from Tolerate. June 10: Finance committee has agreed to extend the contract for another 12 months while a full tender process is actioned. **Oct 10: No change.**		LOW	Executive Director: Valerie Howell Lead Manager: David Lingwood
1037	Failure to monitor and review compliance with CQC regulations.	New documentation from CQC is ongoing as CQC establish approach and changes may occur due to new government. Compliance with regulations is prospective and the Trust must develop an approach which demonstrates we are able to identify and respond to gaps quickly, with a focus on delivery of outcomes as well as process.	6	MED	16-Jul-2010	2-Jan-2011	July 10: Process for review continues to be via small teams related to standard and executive sponsor and utilising performance accelerator to provide risk rating for prompts and overall compliance rating. Full review of all essential standards being undertaken in Q1, identifying any gaps and actions, executive review during July and report to IGAC in August. Directorates are providing assurance against standards at CGC; this is to provide local outcome review. Regular communication with assessor to ensure we are up to date with our understanding of requirements. **Oct 10: Link in with committees to good understanding of requirements to oversee relevant outcomes.**	Sep 10: Q1 review behind schedule; majority of standards reviewed, but two outstanding. Delays in uploading information. Actions taken include ensuring 1/2 day set aside for Head of Quality & IG and Deputy Chief Nurse to meet and review outstanding. Plan to be on track for Q2 review, with all evidence uploaded. To report back to Executives if this plan appears to be going on track. **Oct 10: QRP (risk rating) from CQC received with no red risk areas. Ongoing monitoring of standards in place. Risk reduced from High to Medium.**		LOW	Executive Director: Valerie Howell Lead Manager: Sarah Johnston

Corporate Risk Register as at 14th October 2010

ID	Title	Description	Rating current	Risk level (current)	Opened	Review date	Action Plan Details	Progress	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	6	MED	12-Aug-2010	2-Nov-2010	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.	First progress review due on the 2nd November.		LOW	Executive Director: Susan Osborne (Acting Chief Nurse) Lead Manager: Jill Down (Head of Customer Affairs)

Corporate Risk Register as at 14th October 2010

ID	Title	Description	Rating current	Risk level (current)	Opened	Review date	Action Plan Details	Progress	Rating (Target)	Risk level (Target)	Responsibility Owners
837	Delay in Psychiatric assessment - A & E and MAU	Due to a change in the service the home treatment team (HTT) provide assessment of psychiatric referrals in A & E. The current service has been placed at a lower priority . There is restricted out of hours service. This results in delays in acute psychiatric assessments. At risk: Patients, staff and service. (4hr target)	6	MED	9-Apr-2009	4-Nov-2010	Aug 10: 1. Develop one-page overview of which psychiatric services to contact under what circumstances - Nasreen Moosafur, 31 August (Lead, Liaison Psychiatric Team) 2. Write-up issues arising related to psychiatric patients in the A&E and email to Lucy O'Meara - A&E, ongoing (6+ forms have submitted to date) 3. Implement monthly Local Mental Health Interface meetings - Nasreen Moosafur, Kate Lawrence, Wendy Daniels (complete - first meeting scheduled for 9 September) 4. Increase the number of psychiatric nurses as part of the Liaison Psychiatry team from 1 to 3 and increase cover from 5 pm up until 8 pm - Lucy O'Meara, 31 July (delayed due to consultation process) 5. Consider commissioning of 3 PAs per week of Consultant Psychiatric time - Claire O'Brien/Pat Rubin 6. Develop joint care plans for top re-attenders to A&E - Nasreen Moosafur & Wendy Daniels, 30 Sept and ongoing 7. Develop a joint agenda for improving care of patients presenting at A&E with psychiatric issues - Nasreen Moosafur, Wendy Daniels and Laura Stannard.	All previous updates held on paper by the Quality department - Risk Register section Aug 10: Thirty day consultation starting on the 9th Sept to extend the Monday to Friday psychiatric nurse liaison service from 9am to 5pm to 10am to 8pm. This will reduce the delays for assessment and A&E breaches. Planned to start new service in October 2010. **Aug 10: New action plan. Less breaches; psychiatric referrals reducing and a good dialogue with the Psychiatric liaison service. Risk reduced from High to Medium (Pat Rubin)**	2	LOW	Executive Director: Valerie Howell Lead Manager: Pat Rubin Contact: Kate Lawrence

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ID	Title	Description	Rating current	Risk level (current)	Opened	Review date	Action Plan Details	Progress	Rating (Target)	Risk level (Target)	Responsibility Owners
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.	6	MED	12-Mar-2008	5-Dec-2010	May 2009 1. Detailed action plan in place to improve A and E performance. Weekly improvement meetings in place chaired by the ED. Key actions include workforce development; primary care at the 'front door' 2. In terms of 18 weeks, key actions are to provide outpatient clinic, theatre and ward activity to sustain patient's pathways of access in less than 18 weeks. 3. Full review of demand and capacity for all elective specialties. Feb 10: Closer working between patient pathway team and directorate to improve performance in orthopaedics and improve booking practice. Some outsourcing of work. Recovery plan in terms of four hour target focused on medical staffing at peak times and improved management capacity.	All previous progress held on paper by the Quality Department - Risk Register section Apr 10: Progress against all key performance targets is strong and on track for the remainder of the financial year. Performance in Feb. and Mar. has been at the required level. May 10: The Trust delivered a strong performance against all targets at year end 2009/10 and has now shown the ability to deliver most targets on a sustainable basis. However, this will require continued effort. July 10: Risk reduced to Medium by Valerie Howell due to sustained delivery of most targets. **Sep 10: The Trust delivered a strong performance against all targets at year end 09/10 and has now shown the ability to deliver most targets on a sustainable basis. However this will required continued effort.**	4	MED	Executive Director: Valerie Howell Lead Manager: Valerie Howell

Corporate Risk Register as at 14th October 2010

ID	Title	Description	Rating current	Risk level (current)	Opened	Review date	Action Plan Details	Progress	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	4-Dec-2010	Previous Action Plan/s held on paper by the Quality Department - Risk Register section. June 2010: 1. Ten point plan kick start. 2. Outpatient action plan. 3. Programme Board for the Patient Experience. 4. Directorate plans for patient experience monitored through performance meetings. 5. Feedback strategy.	All previous progress held on paper by the Quality Department - Risk Register section. June 10 1. Ratified Comms and Engagement Strategy. 2. Dashboard for patient satisfaction. 3. Ward quality indicators. 4. Comments cards. 5. Pilot for hand held device undertaken in February. 6. CQUIN Target. 7. 4 Ps Values and Behaviours. 8. Noise at night action plan. 9. Dignity Gowns. **Sep 10: Dignity gowns are now being trialled. Ward Quality indicators are in place. Noise at night has progressed but remains an issue for some patients. The patient comment card is providing weekly feedback.**		LOW	Executive Director: Susan Osborne Lead Manager: Vanessa Avlonitis, Jill Down
769	Disproportionate focus on Foundation Trust application.	The Foundation Trust application has significant potential to divert Executive and Clinical Directors from achieving our ASPH organisational objectives.	4	MED	12-Mar-2008	5-Nov-2010	Previous Action Plan/s held on paper by the Quality Department - Risk Register section. July 10: The Foundation Trust application (strategic objectives in the IBP) & Corporate Plan (annual objectives) are aligned. A dedicated Project Manager is coordinating the FTA through the FT Board. Sep 10: No change to the action plan	Previous progress held on paper by the Quality Department - Risk Register section. July 10: The annual business plan is on track & regularly reviewed by the Board. The FT Board meet regularly to monitor, review & take necessary action. Risk reduced to medium by Raj Bamber. **Sep 10: No additions to progress. Risk title changed from 'Failure to achieve Foundation Trust status'**	3	LOW	Executive Director: Raj Bhamber Lead Manager: Raj Bhamber, Vicki Hart-Dale

Corporate Risk Register as at 14th October 2010

ID	Title	Description	Rating current	Risk level (current)	Opened	Review date	Action Plan Details	Progress	Rating (Target)	Risk level (Target)	Responsibility Owners
988	VTE phrophylaxsis assessment shortfall	The Trust is expected to demonstrate a 100% compliance with Venous Thromboembolism (VTE) [blood clot] risk assessment by April 2010. Currently (25/02/10) the Trust is achieving 61%. This will be a nationally and locally scrutinised target. Risk to patient safety, financial loss and reputation.	4	MED	25-Feb-2010	5-Nov-2010	1. Establish VTE implementation group. 2. Change in prescription charts. 3. Increased policing by matrons and senior doctors. 4. On-going audit and review. 5. Direct addressing of under performance. June 10: 1. VTE monitoring to be performed weekly, to supply national and CQUIN information. 2. VTE compliance is to be on all directorate performance dashboards and reviewed at monthly performance meetings.	Previous progress held on paper in the Quality Department - Risk Register section July 10: The new drug chart has been introduced this month, which incorporates the VTE risk assessment tool. The next audit for compliance with VTE is underway and results will be available during August. **Aug 10: Trust compliance now at 75% which has allowed a reduction in the likelihood to 1. This gives a medium risk.**		LOW	Executive Director: Mike Baxter Lead Manager: Mike Baxter
767	Privacy and Dignity issues for service users. (BAF 1.8)	Potential failure to improve upon Privacy and Dignity issues for service users resulting in possible patient anxiety and risk to Trust reputation	3	LOW	12-Mar-2008	2-Nov-2010	Require strict adherence to the reduction and ultimate elimination of the acceptance of mixed sex gender accommodation for patients in all general areas and improved awareness and action to minimise the impact on patients in assessment and high intensity care arenas. Aug 10: Refurbishment ongoing.	Previous progress held on paper in the Quality Department - Risk Register section June 10: Bed remodelling continues but all areas are now virtually compliant with the delivery of single sex accomodation. Risk reduced to Medium. **Aug 10: Peer review very positive. No single sex breaches apart from Clinical need. Work continues to ensure compliance with the single sex accomodation agenda. Risk reduced from Medium to Low.**		LOW	Executive Directors: Susan Osborne Lead Manager: Vanessa Avlonitis

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Tolerate: Accept the risk at its current level of risk											
848	Financial loss due to uninsured claims	Uninsured losses in excess of £100,000, particularly associated with claims preceding NHSLA insurance arrangements.	12	HIGH	20-May-2009	3-Dec-2010	Solicitor to undertake investigation and develop a defence case covering one particular area of risk. Claims will be managed on a case by case basis. Oct 10: Refer to October progress. The documents are being sought from the board secretary.	Previous progress held on paper by the Quality Department - Risk Register section. Jun 10: A letter has been drafted by our solicitor and due to be received during July to explain the latest situation for this risk. Aug 10: Letter of explanation from the solicitor delayed. **Oct 10: Our solicitors have requested details from us of the transfer documentation setting up the Trust in 1992 and 1998 as these may clarify precisely where the liability lies.**	9	HIGH	Executive Director: John Headley Lead Manager: Colin Matthew cc Sarah Johnson
1070	NHS funded healthcare team not completing patient assessments in the Trust which is impacting on capacity.	Fully described on page 4 of the front sheets.	6	MED	31-Aug-2010	2-Jan-2011	1. Claire O'Brien - Head of Capacity & Discharge has discussed this issue at executive level both within The Trust and with The NHS Funded Healthcare Team. 2. The NHS Funded Healthcare Team need to consider recruiting to the vacant posts they have but it is unsure whether they have the ability/funding to do this. 3. Consider increasing The Discharge Team - it would be possible to take control and complete the assessments if this was considered. This would greatly assist and speed up the process. Oct 10: Plan to use RN 4 days per week to support MDT training for NHS funded care checklists and Decision Support tool (DST) assessments	**Oct 10: Current discharge team have managed to get through current back-log however demand continues; additional bank resource and recruitment of new staff to discharge team will support management of demand. Risk reduced from High to Medium and Tolerated. (Claire O'Brien)**		LOW	Executive Director: Valerie Howell Lead Manager: Claire O'Brien cc Juliet Rayner