

**TRUST BOARD**  
**26<sup>th</sup> August 2010**

<b>TITLE</b>	<b>Corporate Risk Register</b>
<b>EXECUTIVE SUMMARY</b>	<p>This report presents the Corporate Risk Register as at 18<sup>th</sup> August 2010, and highlights:</p> <ul style="list-style-type: none"> <li>• 3 New Risk added since 17<sup>th</sup> June 2010</li> <li>• 3 Existing Risks where the risk level has changed since 17<sup>th</sup> June 2010</li> <li>• 0 Risk with changed treatment plan since 17<sup>th</sup> June 2010</li> <li>• 5 Risk closed since 17<sup>th</sup> June 2010</li> </ul> <p>This report now includes a Target Risk Score should all the mitigating actions be successfully achieved.</p>
<b>ASSURANCE (Risk) / IMPLICATIONS</b>	<p>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.</p> <p>The report contains summary information, the full Corporate Risk Register, as well as details of those risks closed in the period.</p>
<b>STAKEHOLDER / PATIENT IMPACT AND VIEWS</b>	Not assessed and views not taken
<b>EQUALITY AND DIVERSITY ISSUES</b>	None identified
<b>LEGAL ISSUES</b>	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.
<b>The Trust Board is asked to:</b>	The Trust Board is asked to note the contents of the Corporate Risk Register.
<b>Submitted by:</b>	Marty Williams, Clinical Risk Manager On behalf of, Susan Osborne, Interim Chief Nurse
<b>Date:</b>	26 <sup>th</sup> August 2010
<b>Decision:</b>	For Noting

**TRUST BOARD**  
**26<sup>th</sup> August 2010**
**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 24<sup>th</sup> June 2010

**New Risks added since 17<sup>th</sup> June 2010**

ID	Title	Description	Present Objective	Risk level	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	TREAT	HIGH	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.	TREAT	HIGH	Executive Director: Lead Manager: Sarah Johnston
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	TREAT	MED	Executive Director: Susan Osborne (Acting Chief Nurse) Lead Manager: Jill Down (Head of Customer Affairs)

**Existing Risks where the risk level has changed since 17<sup>th</sup> June 2010**

ID	Title	Description	Reason	Previous level	Current level	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	All previous updates can be accessed from paperwork held in the Quality department. Aug 10: 1. Dedicated blood culture packs introduced. 2. All staff taking blood cultures must have completed a blood taking competency. 3. By August 31st there will be a dedicated phlebotomy service 7am to 7pm for taking blood for culture, CNSPs to undertake this at night. (A&E and Paediatrics will continue to take blood locally) 4. Dedicated blood culture request forms in place which require two signatures. 5. Training increased. <b>Aug 10: A further MRSA case has been notified resulting in reaching the target for the whole year. Risk raised from High to Extreme.</b>	HIGH	EXTRE	Executive Director: Susan Osborne Lead Manager: Linda Fairhead
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	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. <b>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.</b>	HIGH	LOW	Executive Directors: Susan Osborne Lead Manager: Vanessa Avlonitis
988	VTE prophylaxis 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.	June 10: Recent audit shows Trust compliance now at 68%. The new pharmacy form is about to be launched. 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. <b>Aug 10: Trust compliance now at 75% which has allowed a reduction in the likelihood to 1. This gives a medium risk.</b>	HIGH	MED	Executive Director: Mike Baxter Lead Manager: Mike Baxter

**Risk closed since 17<sup>th</sup> June 2010**

ID	Title	Description	Risk level	Opened	Closed date	Reason
894	Not being licensed for FT status (BAF 3.2)	Not being licensed would be due to: 1. Organisational transformation 2. Lack of support from the Local Community, PCT/SHA, DH/Monitor 3. Lack of approval to proceed  There is a risk of financial loss and loss of reputation.	HIGH	2-Sep-2009	3-Aug-2010	All previous updates held in Quality - Risk Register section. April 10: FT application now supported by the SHA and with D of H, however still await outcome. Challenge to be authorized as a FT is now more demanding. All controls in place to ensure progress. Aug 10: Now subsumed in the BAF. Risk closed.(Raj Bhamber)
887	Loss of Person Identifiable Data	There exists the possibility of the loss of PID as a result of a lack of understanding from staff regarding personal responsibility for data and information governance (IG). At risk: Patient safety, Financial Loss, Reputation, Failure of Statutory duty.	LOW	17-Jul-2009	14-Jul-2010	All previous updates held in Quality - Risk Register section. Mar 10: Port control implemented, Information Governance training nearly completed for all staff, encrypted memory sticks available and all laptops encrypted. Risk now low.  Jul 10: Mandatory IG training still ongoing and will continue as refresher training is offered to staff. IG awareness plan being drafted by IG manager. Risk closed (Tracy Street)
745	IT: Over reliance on key individuals with specialist knowledge.	The Trust has a small number of experienced site-based staff, who look after the infrastructure systems, only two or three of whom have a deep knowledge such as that required to recover from a major outage.	MED	10-Jan-2008	21-Jul-2010	All previous updates held in Quality - Risk Register section. July 10: Network Managers roles have been redefined - reliance on individuals continues, but improved sharing of knowledge with other members of team. Option considered to employ a third Network Manager, but as that person would create their own area of expertise the situation would not change. Decision taken to terminate the risk. (Laura Ellis-Philip)

815	Potentially vulnerable network resilience and/or disaster recovery for IT programmes. (BAF 4.1)	The risk results from an ABSENCE in (a) Fire suppression in AH computer room (b) written Disaster Recovery and Backup procedures (c) agreed business critical systems and order of priority (d) full use of the two computer rooms (e) sufficient redundant network links between core and edge.	MED	6-Feb-2009	5-Aug-2010	All previous progress held on paper in the Quality Department - Risk Register section. Aug 10: All aspects of this risk have had action plans implemented. Risk closed. Any new risks identified will be opened separately.
816	Failure to develop IT infrastructure appropriately. (BAF 4.1a)	The IT Asset Inventory is not accurate and identified owners are not routinely recorded. There is an absence of a detailed software / systems register. There are insufficient resources to develop new technologies to maximise return on investment. Competing projects demanding resources impedes progress and development of new technologies in a controlled and logical manner.	MED	6-Feb-2009	14-Jul-2010	All previous updates held in Quality - Risk Register section. Mar 10: Referring to Action Plan details 2. Risk 748 closed, risk 749 Printer rationalisation project 3. Virtualisation plan in place, June 10 implementation. 4. IT Roadmap developed. 5. Review completed (risk 745) changed to tolerate. 6. Completed 7. Due to take place Q1 2010. Risk reduced to Medium. Jul 10: 3. Virtualisation completed. 4. IT Roadmap is regularly updated. 5. Steps taken to reduce risk (risk 745 closed) 7. NIMM will be incorporated into the IT strategy which is currently under development. Risk closed by John Aird

## Summary of Corporate Risks as at 18th August 2010

ID	Title	Risk level	Rating	Present Treatment	Opened	Review date	Responsibility Owners
<b>Treat: Take actions to reduce or mitigate the risk</b>							
763	Health Care Acquired Infection & National Targets. (BAF 1.2)	EXT	16	TREAT	12-Mar-2008	2-Nov-2010	Executive Director: Susan Osborne Lead Manager: Linda Fairhead
806	Out of date Trust policies - Risk to patient & staff safety, and ineffective working.	HIGH	12	TREAT	27-Oct-2008	2-Sep-2010	Executive Director: Susan Osborne Lead Manager: Sarah Johnston
837	Delay in Psychiatric assessment - A & E and MAU	HIGH	12	TREAT	9-Apr-2009	4-Oct-2010	Executive Director: Valerie Howell Lead Manager: Pat Rubin
1024	Loss of income due to application of 'non elective cap'	HIGH	12	TREAT	23-Jun-2010	2-Oct-2010	Executive Director: Valerie Howell Lead Manager: David Lingwood
768	Staff recruitment and retention. (BAF 2.2)	HIGH	9	TREAT	12-Mar-2008	2-Oct-2010	Executive Director: Raj Bhamber Lead Manager: Jeremy Over
832	Loss of income-Contracts. (BAF 3.4)	HIGH	8	TREAT	26-Mar-2009	5-Sep-2010	Executive Director: John Headley Lead Manager: Sue Robertson
1037	Failure to monitor and review compliance with CQC regulations.	HIGH	8	TREAT	16-Jul-2010	2-Sep-2010	Executive Director: 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
833	Loss of private service provider	MED	6	TREAT	26-Mar-2009	15-Oct-2010	Executive Director: Valerie Howell Lead Manager: David Lingwood
769	Failure to achieve Foundation Trust status.	MED	6	TREAT	12-Mar-2008	5-Sep-2010	Executive Director: Raj Bamber Lead Manager: Raj Bamber, John Headley
764	Delivery on all Performance Targets. (BAF 1.1 & 1.2)	MED	6	TREAT	12-Mar-2008	5-Sep-2010	Executive Director: Valerie Howell Lead Manager: Valerie Howell
847	Under delivery of CIP programme. (BAF 4.4) - Financial risk	MED	6	TREAT	20-May-2009	5-Sep-2010	Executive Director: John Headley Lead Manager: Rob Jeffries
766	Patient satisfaction scores. (BAF 1.7)	MED	4	TREAT	12-Mar-2008	4-Sep-2010	Executive Director: Susan Osborne Lead Manager: Vanessa Avlonitis, Jill Down

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ID	Title	Risk level	Rating	Present Treatment	Opened	Review date	Responsibility Owners
988	VTE prophylaxis assessment shortfall	MED	4	TREAT	25-Feb-2010	5-Nov-2010	Executive Director: Mike Baxter Lead Manager: Mike Baxter
907	Service failure- Swine Flu Pandemic	LOW	3	TREAT	16-Sep-2009	2-Oct-2010	Executive Director: Valerie Howell Lead Manager: David Lingwood
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
<b>Tolerate: Accept the risk at its current level of risk</b>							
848	Financial loss due to uninsured claims	HIGH	12	TOL	20-May-2009	3-Oct-2010	Executive Director: John Headley Lead Manager: Colin Matthew

**Corporate Risk Register as at 18th August 2010**

ID	Title	Description	Rating (current)	Risk level (current)	Opened	Review date	Action Plan Details	Progress	Rating (Target)	Risk level (Target)	Responsibility Owners
<b>Treat: Take actions to reduce or mitigate the risk</b>											
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	EXT	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. <b>Aug 10: 1. Dedicated blood culture packs introduced.</b> <b>2. All staff taking blood cultures must have completed a blood taking competency.</b> <b>3. By August 31st there will be a dedicated phlebotomy service 7am to 7pm for taking blood for culture, CNSPs to undertake this at night. (A&amp;E and Paediatrics will continue to take blood locally)</b> <b>4. Dedicated blood culture request forms in place which require two signatures.</b> <b>5. Training increased.</b> Aug 10: Further MRSA case notified consequently reaching the maximum target of 5 for the whole year. Risk raised from High to Extreme.	3	LOW	Executive Director: Susan Osborne Lead Manager: Linda Fairhead



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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
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.	12	HIGH	27-Oct-2008	2-Sep-2010	Update the database. Clarify processes and communicate requirements to relevant departments. All previous action plans held on paper by the Quality department - Risk Register section Mar 10: To monitor HR policies more closely. TH to support Jeremy Overs to clean up current policies and replace. Now establishing owners for out of date nursing policies. May 10: Two 'Policy Days' to be available in Minerva for staff to have support from Quality dept. staff on the updating of policies.	All previous updates held on paper in the Quality department - Risk Register section. <b>Jul 10: Currently 34% of policies indate. The HR policies are progressing through the review process. We still need to rationalise old polices with new ones to reduce out of date policies on the intranet, polices are starting to come through the process and during July it is anticipated that a number of new policies can be uploaded and old ones removed. The Marsden Manual software for nursing policies has been purchased and a six week turnaround time is anticipated to put this in place</b> <b>Two dates for policy support are not finalised but are still planned for July and August, and rooms are being sourced to undertake this.</b>	4	MED	Executive Director: Susan Osborne Lead Manager: Sarah Johnston

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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)	12	HIGH	9-Apr-2009	4-Oct-2010	<p>1. Escalation of concerns/ risk</p> <p>2. Develop a risk assessment form which would be completed in A &amp; E / MAU prior to referral to psychiatric services.</p> <p>3. Urgent review of psychiatric services now in progress.</p> <p>Mar 10: No change. A meeting is to be arranged with the Psychiatric team to discuss the issues.</p>	<p>All previous updates held on paper by the Quality department - Risk Register section</p> <p>June 10: Emergency Services has met with Lucy O'Meara (Service Manager for S &amp; B Trust) She acknowledged a lack of responsiveness and will increase the number of psychiatric nurses working at SPH from 1 to 3 by Aug 10. Evening cover provided but weekend cover not yet agreed. She wants SPH to commission 3 PAs per week of Consultant Psychiatric time and for the team to be based on site. Rebecca Carlton is organising a follow up meeting.</p> <p><b>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&amp;E breaches. Planned to start new service in October 2010.</b></p>	2	LOW	Executive Director: Valerie Howell Lead Manager: Pat Rubin
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-Oct-2010	Action plans are in place to manage non elective admissions. These are being overseen by Programme 2 'Improving service productivity and quality'	<b>Aug 10: An updated action plan will be submitted to the Trust's Finance committee at the August meeting.</b>			Executive Director: Valerie Howell Lead Manager: David Lingwood

**Corporate Risk Register as at 18th August 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-Oct-2010	<p>Previous Action Plan/s held on paper in the Quality Department - Risk Register section.</p> <p>Aug 10: 1. Continued implementation of Nursing R&amp;R Strategy/action plan includes rolling, generic recruitment for band 5 nurses.</p> <p>2. Commence ONP course in September.</p> <p>3. Completion of ward-level establishment review (will inform future recruitment plans)</p> <p>4. Recruitment of A&amp;E Consultants &amp; implementation of new middle grade A&amp;E rota.</p> <p>5. Increased vacancy rate for qualified Midwives (33 wte) being addressed through dedicated action plan, includes recruitment in Ireland and UK universities, jobs fairs etc. Fortnightly Maternity R&amp;R meetings</p>	<p>Previous progress held on paper in the Quality Department - Risk Register section.</p> <p><b>Aug 10: 1. Sustained downward trend in nurse vacancies (qualified vacancies down from 16.23% in April to 14.29% in July). A&amp;E was a 'hot spot' but new starters in September &amp; October will remedy. Turnover of qualified nurses reduced to 12.77% in July &amp; stability increased to 87.78%.</b></p> <p><b>2. ONP course to start in September with 21 participants.</b></p> <p><b>3. Medical staff hot spots resolved in Paediatrics &amp; Anaesthetics through recruitment and improved deanery fill rate. A&amp;E reviewing middle grade rota (to be completed in September) and recruiting to vacancies. A&amp;E Consultant interviews on 16 August (4 candidates, 4 posts). Medical staffing R&amp;R meetings continue.</b></p> <p><b>4. Nurse retention initiatives in June action plan completed.</b></p>	8	HIGH	Executive Director: Raj Bhamber Lead Manager: Jeremy Over

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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-Sep-2010	<p>previous Action Plan/s held on paper in the Quality department - Risk Register section.</p> <p>Apr 10: 1. Agree full year value for contract challenges with Surrey PCT for 2010/11.</p> <p>2. Ensure Trust has clear monitoring processes in place for new DH-mandated contractual risks 2010/11 (Schedule 3, part 1) e.g. DSSA non-compliance, key performance targets, 'never events'.</p> <p>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.</p>	<p>All previous progress held on paper in the Quality department - Risk Register section.</p> <p>Apr 10: Value of £1.4m agreed with Surrey PCT via Heads of Agreement April 10 against agreed list of data challenges, including LPP.</p> <p>Information Department reviewing internal performance dashboard to ensure organisational needs are met. Risk remains high but reduced from 12 to 8.</p> <p><b>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.</b></p>	6	MED	Executive Director: John Headley Lead Manager: Sue Robertson

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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.	8	HIGH	16-Jul-2010	2-Sep-2010	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.				Executive Director: Lead Manager: Sarah Johnston

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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	<ol style="list-style-type: none"> <li>1. Resource library on T drive including guidance notes and 'top tips'.</li> <li>2. Clarity of expectation and performance standards with associated monitoring (via Customer Affairs and Performance meetings).</li> <li>3. Training with Directorates as required.</li> <li>4. Continued process of qualitative assurance. (Complaints Manger, Head of Customer Affairs, Chief Nurse).</li> <li>5. Complaints Office support within Divisions.</li> <li>6. Ongoing discussion with General Managers re implementation.</li> </ol>				Executive Director: Susan Osborne (Acting Chief Nurse) Lead Manager: Jill Down (Head of Customer Affairs)
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	15-Oct-2010	<ol style="list-style-type: none"> <li>1. Re-negotiation of contract for a 10 year period with Alliance.</li> <li>2. Negotiate a contract extension for 18 months with Inhealth.</li> <li>3. Joint management boards to review quarterly.</li> </ol>	<p>All previous progress held on paper by the Quality Department - Risk Register section.</p> <p>Mar 10: The Trust will retender for a contract with 'In Health' in 2010. Risk returned to Treat from Tolerate.</p> <p><b>June 10: Finance committee has agreed to extend the contract for another 12 months while a full tender process is actioned.</b></p>			Executive Director: Valerie Howell Lead Manager: David Lingwood

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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
769	Failure to achieve Foundation Trust status.	The Foundation Trust application has significant potential to divert Executive and Clinical Directors from achieving our ASPH organisational objectives.	6	MED	12-Mar-2008	5-Sep-2010	Previous Action Plan/s held on paper by the Quality Department - Risk Register section. July 10: The strategic objectives in the IBP & Corporate Plan (annual objectives) are aligned. A dedicated Project Manager is coordinating the FTA through the FT Board.	Previous progress held on paper by the Quality Department - Risk Register section. <b>July 10: The annual business plan is on track &amp; regularly reviewed by the Board. The FT Board meet regularly to monitor, review &amp; take necessary action. Risk reduced to medium by Raj Bamber.</b>	3	LOW	Executive Director: Raj Bamber Lead Manager: Raj Bamber, John Headley
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-Sep-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. <b>July 10: Risk reduced to Medium by Valerie Howell due to sustained delivery of most targets.</b>	4	MED	Executive Director: Valerie Howell Lead Manager: Valerie Howell

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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
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.	6	MED	20-May-2009	5-Sep-2010	1. Create a demand and capacity plan for each Surgical specialty. 2. Theatre user group to be established to oversee the operational efficiency of theatres. May 10: 3. Create a PMO office to monitor and report on CIPs for 2010/11 and future years. CIP programme board in place chaired by Deputy Chief Executive to monitor CIPs.	Previous progress held on paper by the Quality Department - Risk Register section. Feb 10: A number of new CIPs identified for 2009/2010 to ensure the CIP is on course to achieve its target for the year end. May 10: Risk closed for Surgery only; due to risk being realised by the end of the financial year. <b>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.</b>	2	LOW	Executive Director: John Headley Lead Manager: Rob Jeffries
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-Sep-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. March 10: Remains a high priority. Matrons now high profile with new uniforms and expected to be actively available to patients. Latest data being processed. <b>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.</b>	6	MED	Executive Director: Susan Osborne Lead Manager: Vanessa Avlonitis, Jill Down



**Corporate Risk Register as at 18th August 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 prophylaxis 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	<ol style="list-style-type: none"> <li>1. Establish VTE implementation group.</li> <li>2. Change in prescription charts.</li> <li>3. Increased policing by matrons and senior doctors.</li> <li>4. On-going audit and review.</li> <li>5. Direct addressing of under performance.</li> </ol> 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.	Promotional e-mail concerning VTE sent to all senior nurses on 31st March June 10: Recent audit shows Trust compliance now at 68%. The new pharmacy form is about to be launched. 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. <b>Aug 10: Trust compliance now at 75% which has allowed a reduction in the likelihood to 1. This gives a medium risk.</b>			Executive Director: Mike Baxter Lead Manager: Mike Baxter

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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	3	LOW	16-Sep-2009	2-Oct-2010	1. Local areas to have Business Continuity Plans in place. 2. Main Pandemic Flu Plan supported by local area Flu plans. 3. Local ethical framework to be developed. 4. Escalation plans to meet the demand of Winter planning, bed remodelling and swine flu admissions. Dec 09: On going day to day management and adjustments to flu plan. Impact monitored daily, in house, as well as by the PCT/SHA.	Previous progress held on paper by the Quality Department - Risk Register section. <b>July 10: National status de-escalated, therefore addressed through normal Pandemic Flu planning in the Trust.</b>	3	LOW	Executive Director: Valerie Howell Lead Manager: David Lingwood

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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 Mar 10: All required areas should be single sex compliant by the end of March 2010. June 10: Bed remodelling continues but all areas are now virtually compliant with the delivery of single sex accommodation. Risk reduced to Medium. <b>Aug 10: Peer review very positive. No single sex breaches apart from Clinical need. Work continues to ensure compliance with the single sex accommodation agenda. Risk reduced from Medium to Low.</b>	4	MED	Executive Directors: Susan Osborne Lead Manager: Vanessa Avlonitis
<b>Tolerate: Accept the risk at its current level of risk</b>											
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-Oct-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.	Previous progress held on paper by the Quality Department - Risk Register section. Mar 10: Awaiting report from Facilities concerning asbestos review undertaken by outside consultancy. 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. <b>Aug 10: Letter of explanation from the solicitor delayed.</b>	9	HIGH	Executive Director: John Headley Lead Manager: Colin Matthew