

Trust Risk Register November 2014

Introduction: Risks entered on the Trust Risk register will have a score of 12 or above and will have been reviewed and agreed for addition to the register by an Executive Director. The Trust Risk Register is supported by detailed divisional and corporate directorate risk registers which are regularly reviewed, validated and monitored. The register is configured under six main headings these are clinical quality of care, governance, capital resourcing: estates, workforce, strategic change and finance.

Governance reporting: The Trust Risk Register is reviewed by the Executive Team; it is updated monthly, presented to the Integration Board to monitor risks post-merger and the Clinical Performance and Patient Experience Committee to provide assurance on patient safety and quality of services. The Risk Register status is formally reported to the Audit Committee and Trust Board and external bodies to provide assurance.

Clinical Quality of Care

Ref	Risk Heading	Current Risk score	Mitigation / Assurance & Timeframe	Lead	Target Risk score	Current impact of mitigation.
PM EM 2014	Emergency care pathway / A&E Performance Maintaining patient safety in the Emergency Department due to: <ul style="list-style-type: none"> • Breaches of the LAS and 4hr target • A&E Consultant and other medical staff vacancy rate. • Lack of sufficient acute bed capacity NPH. • Impact of planed down grade of Ealing A&E impacting on staff recruitment. 	20	<ul style="list-style-type: none"> • Emergency Pathway Action Plan: Monthly review. • Clouse of CMH A&E facilitated significant reduction in nurse vacancy's and also transfer of some consultant medical staff • Review of Consultant job plans to ensure training & supervision of juniors. • Additional beds opening in November 2014 • Additional bed capacity: Business case TDA • New Build of NPH A&E: November: handed over to Trust, to open in December 2014. • Change of the medical rota to match the needs of the service. 	Director of Operations	9	AE performance for October As at 16/11/2014 CMH + UCC Type 1&3 98.03% NPH + UCC Type 1&3 89.04% EHT + UCC Type 1&3 90.53% Campus – Type 1&3 91.07% The new Ed at NPH will open in December 2014, providing significantly improved environment for both patients and staff. Including increased isolation facilities for paediatrics and adults.

**Trust Risk Register
November 2014**

Ref	Risk Heading	Current Risk score	Mitigation / Assurance & Timeframe	Lead	Target Risk score	Current impact of mitigation.
PM S 2014	<p>RTT 18 weeks Maintaining patient safety and quality of care due to:</p> <ul style="list-style-type: none"> Breaches of the RTT 18 week Standard 	16	<ul style="list-style-type: none"> 18 week implementation plan: Ongoing monthly monitoring. Integrated operational group in place. NPH: phase 2 theatre project to increase theatre availability Use of elective capacity at Ealing and other providers. Ealing: Some Trauma and orthopaedic work outsourced to Hillingdon hospital IST supporting Ealing. 	Director of Operations	8	<p>Legacy NWLH: Current position shows a recovery starting against 18 weeks especially in Trauma and Orthopaedics and gynaecology. A large backlog clearance is taking place currently which will impact on performance but reduce the number of patients waiting over 18 weeks. Ongoing resilience capacity is being put in place over the next few months.</p> <p>Legacy Ealing: Following deep-dive review, problem more extensive than originally envisaged. Additional funding received and associated recovery trajectory agreed with TDA. Additional clinics and operating lists. Some orthopaedic cases outsourced to BMI.</p>

**Trust Risk Register
November 2014**

Ref	Risk Heading	Current Risk score	Mitigation / Assurance & Timeframe	Lead	Target Risk score	Current impact of mitigation.
PM C 2014	Patient Experience. Continue to improve the patient's experience. (primarily in-patient & maternity & cancer services)	16	<ul style="list-style-type: none"> • In-patient survey action plan. • Maternity action plan • Cancer action plan • CQC inspection 2014 Compliance & Quality Improvement Plan: Review monthly. • Trust Patient Experience Committee. • F&F response rate, net promoter score and importantly comments. Ongoing, monitored monthly. • Introducing F&F to children's services from December 2014 • Revised Trust PPI Strategy, Patient Experience and separate Customer Care policy. • New Customer Care development programme has been commissioned. • Review all action plans December 2014. 	Chief Nurse	12	<p>F&F:</p> <p><u>In-patients</u>: meeting and exceeding the 30% required response rate.</p> <p><u>A&E</u>: dipped below 20% in October, additional resource planned to support performance improvement.</p> <p><u>Maternity</u>: requires consistency of response of 15% at 36 weeks, postnatal is broadly in line with requirements, need to increase consistency of birth response at Ealing and community care exceeding the 15%.</p> <p>F&FT Out-patients and community services being rolled out. Thematic review of comments to inform actions.</p>

**Trust Risk Register
November 2014**

Ref	Risk Heading	Current Risk score	Mitigation / Assurance & Timeframe	Lead	Target Risk score	Current impact of mitigation.
PM P 2014	<p>Delivery of child assessments Ealing Community Services: Risk to delivering timely and comprehensive child assessments :-</p> <ul style="list-style-type: none"> • Increase in number of children with complex medical needs. • To ensure developmental issues in children are met. • To ensure effective management of children with CP. 	16	<ul style="list-style-type: none"> • Ongoing Health Visitor recruitment and retention plan. • Guidelines for the management of CP and Universal Plus caseloads between quadrants. • Ongoing child protection training. • Embracing the Best strategy workstreams (4) progressing: Review December 2014. • Early Years Integration work steam; Review: December 2014. 	Chief Nurse	9	<p>Extensive actions are being taken to recruit and retain HV, the new starters are gradually impacting of the overall vacancy rate.</p> <p>Ongoing discussions with NHS London and NHS England about actions taken and also ideas / support required.</p>
PM P 2014	<p>Looked After children Assessments</p> <ul style="list-style-type: none"> • Risk that poor or delayed assessments will impact on the child • Timeliness of Looked After Children assessments 	12	<ul style="list-style-type: none"> • LAC joint protocol and KPI targets: August update: changes made. Still to receive final version. • Harrow CQC action plan: ongoing review monthly. • Brent CQC action plan: ongoing review monthly. • Review to consider widening management support across ICO; Review November 2014. • CCG's also undertaking a review. 	Chief Nurse & Medical Director	6	<p>Positive progress being made as evidenced by positive verbal feedback from Harrow & Brent CCG safeguarding children meetings.</p> <p>Harrow has given notice to decommission this and wider services. The Trust gave notice for the community service ends March 2015. Meeting with the commissioners planned to discuss</p>

**Trust Risk Register
November 2014**

Ref	Risk Heading	Current Risk score	Mitigation / Assurance & Timeframe	Lead	Target Risk score	Current impact of mitigation.
PM S 2014	Spinal patient pathway NPH Risk of delay to treatment or potential harm to patients due to unclear clinical pathway for patients presenting with spine related conditions	12	<ul style="list-style-type: none"> Medical Director working with internal and external clinical leads to define pathway, 	Medical Director	9	New pathway proposed awaiting final agreement.
PM Ph 2014	NPH Pharmacy Automation Risk of increased medication picking and selecting errors due to increasing activity at NPH pharmacy and lack of automation robot.	12	<ul style="list-style-type: none"> Business case developed. 	Medical Director	6	On capital funding list, wait final approval and timetabling.
PM Ph 2014	NPH Medication errors Risk of harm to patients due to adverse medication incidents.	12	<ul style="list-style-type: none"> Staff training ongoing. Medicines management Policies in place. Pharmacy advice and hot line available. Included as part of new Trust Quality & Safety Divisional meeting 	Medical Director	9	Ongoing promotion of a culture of reporting medication incidents. Reviewing types of harm and severity to further build on improvement plan.

**Trust Risk Register
November 2014**

Ref	Risk Heading	Current Risk score	Mitigation / Assurance & Timeframe	Lead	Target Risk score	Current impact of mitigation.
PM C 2014	<p>Ealing Sharps Safety</p> <p>HSE EU Sharps Directive The Health & Safety (Sharps Instruments in Healthcare) Regulations 2013</p> <p>EU Directive implemented on 11th May 2013. The Trust is required to prevent and minimise the risks associated with the use of Sharps. Safer sharps devices are required across the Trust.</p>	12	<ul style="list-style-type: none"> • IV Cannulas are now in place across the ICO Vygon Safety Cannulas. Training is completed and ongoing training is delivered by ELD • High Risk areas identified for change: <ul style="list-style-type: none"> Hypodermic needles Blood Collection Sets Insulin Administration • Meeting with Diabetes Nurse Specialists for ICO to consider Legacy NWLH approach for future management • Pre-filled syringes used in the ICO are safety devices <p>Review date: 30/11/2014</p>	Director of Estates & Facilities	4	<p>Increase in safer devices used across the Trust to improve compliance with the EU Directive and HSE.</p> <p>Risk assessments completed in relation to clinical use of sharps within the 3 community borough and actions put in place to reduce the risk.</p> <p>Only high risk area remaining is around administration of insulin. Meeting arranged for 8.12.14 with Ealing Community Services and Ealing Diabetes Nurse Consultant who will represent all of the Community Diabetes team. Clarity required regarding safer sharps products in use at NWPH and CMH.</p>

**Trust Risk Register
November 2014**

Governance						
Ref	Risk Heading	Current Risk score	Mitigation / Assurance & Timeframe	Lead	Target Risk score	Current impact of mitigation.
PM IT 2014	<p>Data Quality - Community Services.</p> <ul style="list-style-type: none"> • Insufficient timely, accurate capture of activity data, consistent with requisite clinical data sets and contractual standards (threat of penalty notice and fines). • Mobile working solutions are required within community services to support effective use of staffing resource and complete patient record 	16	<ul style="list-style-type: none"> • DQ improvement plan (contractual schedule reviewed with commissioners). • Internal Audit – Management Responses (reviewed by Audit Committee). • DQ Assurance Plan – appendix to DQ Policy (reviewed by DQ Management Group). • Mobile working project initiatives (overseen by IM&T Strategy Board). <p>Review all actions Dec 2014.</p>	Chief Information Officer	8	Data quality programme in place, monitored through dedicated group. Weekly KPI reporting produced for managers. Main focused effort is through mobile working project, a significant priority in 2014. Tablet devices have been rolled out across district nursing, tri-borough, seamless integration to RiO clinical information system. Initial benefits assessment positive.
PM IT 2014	<p>Data Quality – Acute Services</p> <p>Data Quality does not consistently meet with defined standards and targets for timeliness, accuracy and completeness.</p> <p>Associated risks relate to constraining proactive management of operational capacity, veracity of performance reporting and full recovery of Trust income.</p>	16	<p>DQ Assurance Plan in place, including:</p> <ul style="list-style-type: none"> • Prioritised formalisation of local data standards • KPI monitoring and local validation checks and Exception reporting • Documented user procedures and refresher training • Formal audit reviews (Internal, External) • DQ-specific performance reporting to Trust Board, via appropriate sub-committees. Review all actions Dec 14 	Chief Information Officer	8	Good progress being made. Data quality programme in place, monitored through dedicated group. Weekly KPI reporting produced for managers. Main focused effort is through projects for PAS Optimisation (user training, standard procedures, system enhancements) and RTT Reporting (dashboards and validation tool). Unified A&E system now live in Nov 14.

**Trust Risk Register
November 2014**

Ref	Risk Heading	Current Risk score	Mitigation / Assurance & Timeframe	Lead	Target Risk score	Current impact of mitigation.
PM IT 2014	<p>Information Governance: Data Security There is the potential risk for insecure external flows of :-</p> <ul style="list-style-type: none"> • Person identifiable data to be transferred via removable media, fax machines, email or paper records. 	16	<ul style="list-style-type: none"> • Data transfer procedure stated in Information Security Policy. • Incident management procedures in the Information Security Policy. • Pseudonymisation Policy. • Mobile working project initiatives. • Device encryption. • NHS Mail. • Data flow mapping. • Training and other staff communications. <p>Review all actions Dec 2014.</p>	Chief Information Officer	12	<p>Continuous implementation of risk based training and awareness programme. Main areas of targeted emphasis are District Nursing, Health Visiting and Looked After Children teams. Internal audit opinion confirms all controls are satisfactory and all Information Governance Toolkit standards confirmed as met.</p>
PM IT 2014	<p>Health Records – Library Capacity Main libraries at NPH and CMH sites are overcrowded causing:</p> <ul style="list-style-type: none"> • breach of policy and legislation • damage to records • increase in misfiles • poor records availability • increase in time to find records by staff • poor working environment & H&S non-compliance • files stored across campus in unorganised approach. 	15	<p>Weeding programme has commenced to destroy notes beyond legal retention across three libraries. Expanding NPH library into previous Radiology film library at NPH, reducing number of overflows and speeding up retrieval/filing time. Use off-site deep storage for inactive/deceased files that are rarely accessed but have clear destruction dates minimising costs. Develop strategic outline business case for electronic document management system. Review all actions Dec 2014.</p>	Chief Information Officer	12	<p>Ongoing reorganisation of libraries, weeding programme continues and looking at off-site storage for certain record types. Strategy to be formalised by end Jan 15.</p>

**Trust Risk Register
November 2014**

Ref	Risk Heading	Current Risk score	Mitigation / Assurance & Timeframe	Lead	Target Risk score	Current impact of mitigation.
PM IT 2014	<p>Health Records – Availability and Quality Due to physical constraints within main libraries at NPH and CMH, regularly experiencing:</p> <ul style="list-style-type: none"> • Filing Delays • Misfiles • Creation of temporary notes • Coding delays • Wasted time locating notes • Outpatient cancellations • Compromise in record integrity • Increase in loose filing. <p>Increase risk of litigation due to lost notes</p>	12	<p>Health Records Strategy Group to monitor and audit record quality, take ownership of document /record content.</p> <p>Must develop and implement Communication Plan reinforcing staff professional responsibility towards health records management.</p> <p>Notes to be returned to wards for further filing where necessary. This information will be logged to identify repeat offenders.</p> <p>Annual coding audit (PBR) by Audit Commission includes review of quality of health records.</p> <p>Develop business case and benefits plan for RFID case-note tracking solution Potential incidents regarding Paediatrics and “FGM” being missed through lack of accessible records. Review all actions Dec 2014.</p>	Chief Information Officer	6	Ongoing monitoring and work to improve service levels within Health Records.

Trust Risk Register November 2014

Ref	Risk Heading	Current Risk score	Mitigation / Assurance & Timeframe	Lead	Target Risk score	Current impact of mitigation.
PM C 2014	<p>Response to learn and acting on promptly complaints and incidents.</p> <p>Patient harm and poor experience due failure to listen to staff and patients effectively and act on incident reporting and complaints, due to:</p> <ul style="list-style-type: none"> • Poor response rate to complainants and monitoring of related action plans. • Failure to close incidents and ensure learning. • Low incident reporting. 	12	<ul style="list-style-type: none"> • Incident and complaint management included in monthly operational meetings and quarterly performance management meetings. • SUI action plans monitored via the clinical governance assurance structure. • SUI and complaint incident review panels to start December 2014 to help monitor progress, ensure learning, service change where necessary and thematic review. • Complaints management process under review as part of integration of services. • Complaints process reports distributed weekly and escalation process in place. • Governance teams, functions are integrating • Governance posts re-established. 	Chief Nurse	8	<p>Mitigation actions are in progress as planned.</p> <p>Complaints response times are improving.</p> <p>Significant improvement in closure of incidents.</p> <p>Undertaking a thematic review of issues and actions from last year and this year to ensure lessons learnt and robust monitoring in place.</p>

Trust Risk Register November 2014

Ref	Risk Heading	Current Risk score	Mitigation / Assurance & Timeframe	Lead	Target Risk score	Current impact of mitigation.
PM C 2014	<p>Reduced confidence in the BAF and risk register process Risk of poor governance assurance to the Trust Board due to:</p> <ul style="list-style-type: none"> • lack of staff understanding of the process • Inadequate integration into every day practice • Poor updates of the risk register • Inadequate resource within Divisions. 	12	<ul style="list-style-type: none"> • Staff governance / risk management development programme; ongoing. • Review and update risk register / BAF : Achieved. • Trust Board workshop. • Quarterly review and discussion by Trust Board: ongoing • Open staff forums: ongoing. • Speak out posters etc. • Divisional Governance posts in place. • Patient Safety & Quality Committee enables shared learning across divisions and reviews Divisional Risk Registers (DRR). • DRR also discussed and reviewed at regular divisional performance meetings 		9	<p>The BAF format and content has been updated.</p> <p>The risk register format has been agreed and is being rolled out to the new Divisions.</p> <p>Training sessions to improve staff awareness on the purpose of the BAF and Risk Register are being planned.</p>

**Trust Risk Register
November 2014**

Capital Resourcing: poor historic estates infrastructure						
Ref	Risk Heading	Current Risk score	Mitigation / Assurance & Timeframe	Lead	Target Risk score	Current impact of mitigation.
PM E&F 2014	<p>Poor estates infrastructure Operational performance, patient and staff safety due to historic poor estates infrastructure</p> <ul style="list-style-type: none"> • Fire safety • Electrical services • Water systems • Asbestos • Energy systems. • Medical Gases • Ventilation Systems 	16	<ul style="list-style-type: none"> • 6 facet survey completed and estates strategy developed • Maintenance programme developed: Review December 2014. • Capital Business cases will be developed from the estates strategy: Review December 2014 • SaHF implementation plan. • Staff attendance at fire safety mandatory training to meet target compliance rate of 80% <p>Review completion and impact of actions in December 2014.</p>	Director of Estates and Facilities.	9	<p>Surveys have been completed. Five year programme being worked up. Highest risk schemes have been funded from the capital programme for 2014/15 e.g. fire, high/low voltage and theatres and dementia ward projects. Available capital remains a challenge. OBC for Ealing local Hospital discussed and supported at Trust Board in July 2014.</p> <p>The SOC for additional Beds has been approved by the Trust Board and was submitted to the TDA in July 2014. The OBC for the additional beds has been approved by the TDA and the FBC will be considered by the board at the December 2014 meeting and submitted to the TDA following this. Divisional mandatory training compliance monitored.</p>

**Trust Risk Register
November 2014**

Workforce						
Ref	Risk Heading	Current Risk score	Mitigation / Assurance & Timeframe	Lead	Target Risk score	Current impact of mitigation.
PM M 2014	NPH Medical Education and training <ul style="list-style-type: none"> • Risk of failure to meet CQC Standards of Quality and Safety due to education concerns raised by GMC summary report • Risk that projected reductions in junior medical trainees may result in difficulty with rota management in multiple clinical areas 	15	<ul style="list-style-type: none"> • Improvement plan in place led by Postgraduate education leads • Monitor experience of existing juniors Consolidate rotas with EHT as part of merger process • Recruit non- Trust Doctors • Review December 2014. 	Medical Director	9	Ongoing achievement of improvement plan. Recruitment plan in place.
PM N&M 2014	Medical staffing issues Destabilisation of the service through loss of medical staff due to: <ul style="list-style-type: none"> • Reduction in 'Deanery' allocation • Integration / changes to services. • SaHF changes • Decommissioning. 	12	<ul style="list-style-type: none"> • A&E recruitment & retention will be supported by the recent appointment of joint clinical leads. • Recruitment to care of the elderly medical staff has improved in 2014 and further vacancies should be filled by the end of the financial year. • Medical recruitment plan: Review December 2014. • Expansion of Advanced Nurse Practitioner roles in Surgery NPH. • Agreed as risk with SaHF team who will look to support centrally. Review all mitigations December 2014.	Medical Director	9	The Trust has to-date not experienced difficulties in recruiting or retaining medical staff except in the specialities of emergency medicine and care of the elderly. But recruitment should result in filling all of the vacancies in the financial year 2014/2015.

Trust Risk Register November 2014

Ref	Risk Heading	Current Risk score	Mitigation / Assurance & Timeframe	Lead	Target Risk score	Current impact of mitigation.
PM N&M 2014	<p>Nurse vacancy rate, inclusive of Health Visitors. Risk of patient harm due to nurse staff skill mix as a result of:</p> <ul style="list-style-type: none"> • Increased bed capacity • nursing vacancy rate • National shortage of Health Visitors. • Vacancy rates in district nursing in community services • Temporary staffing • newly qualified / ONP staff who require additional supervision • The need to mentor nursing & midwifery students. 	12	<ul style="list-style-type: none"> • Recruitment strategy. • Recruitment Trust wide work plan: review December 2014. • HV Recruitment plan in place review December 2014. • Embracing the Best Strategy launched • Staff satisfaction work stream • Support deployed for newly qualified staff and overseas nurses: ongoing. • ONP programme in place. • Support & enhance the role of mentors. • Bi annual acuity & dependency skill mix review - 24 / 7 day care • Monthly safer staffing TB report and resulting actions: Reviewed Monthly. • Daily monitoring of planned versus required and filled nursing shifts. <p>Review action progress: December 2014.</p>	Chief Nurse	9	<p>A proactive recruitment campaign is being undertaken to recruit all 'nursing' staff: permanent and temporary staffing.</p> <p>Additional posts / vacancies have arisen following the A&D review at Ealing Hospital and opening of additional 'winter beds'.</p> <p>The challenge is continuing to recruit high calibre staff as bed capacity continues to increase to meet patient demand.</p> <p>In addition multiple activities are being taken to support recruitment and retention of HV</p> <p>Monitoring monthly</p>

**Trust Risk Register
November 2014**

Ref	Risk Heading	Current Risk score	Mitigation / Assurance & Timeframe	Lead	Target Risk score	Current impact of mitigation.
PM HR 2014	<p>Poor leadership capacity due to organisational change Risk of poor staff leadership and management due to non – permanent staff during period of uncertainty or organisational future configuration, resulting in poor motivation and stress e.g. Divisional Leadership Team.</p>	12	<ul style="list-style-type: none"> • Briefing sessions and continual communication to staff about organisational change. • Appoint to substantive posts and new structures ongoing. Where possible tier 1 and 2: by quarter 3. • Nursing and medical recruitment campaigns continue. • Monitor and manage staff sickness • Ensure all staff are appraised. • Undertake staff feedback surveys. <p>Review all actions: December 2014</p>	Director of Human Resource	8	<p>Currently no major impact on leadership team: capacity has been maintained, due to the actions.</p> <p>New Head of Communications appointed</p> <p>The senior structures for IT, finance, HR and operational divisions has been approved consultation is underway or complete for Tier 1.</p>
PM HR 2014	<p>Mandatory training poor compliance Patient harm due to poor compliance with Mandatory Training.</p>	12	<ul style="list-style-type: none"> • Training programme, includes face to face and e-learning: Ongoing: Reviewed Monthly. • Targeted training in place • Monthly compliance reports monitored by directorates and exception reported to Governance Committee • Mandatory training compliance included in monthly operational meetings and quarterly performance management meetings. • Monitoring by line manager using OLM 	Director of Human Resource	9	<p>Performance improving, assisted by flexible approach and portability of training, e-learning is assisting with increased compliance – monitored monthly.</p> <p>Review of MAST to be completed for implementation in new financial year.</p>

Trust Risk Register
November 2014

Strategic Change & Issues						
Ref	Risk Heading	Current Risk score	Mitigation / Assurance & Timeframe	Lead	Target Risk score	Current impact of mitigation.
PM EH 2014	<p>Ealing Hospital SaHF Changes De-stabilisation of services</p> <ul style="list-style-type: none"> • Retaining key staff in all groups and areas • Destabilisation of services through premature loss of medical training posts • Managing safe transition to local hospital model with phased reductions in acute services • Likely closure of maternity ahead of other services • Likely closure of inpatient paediatrics ahead of other services • Likely closure of inpatient gynaecology ahead of other services 	20	<ul style="list-style-type: none"> • Support for staff transition from SaHF programme – workforce group and specific HR advisor • SaHF Clinical Board will only signal transition for services when Board agrees safe to do so. Also has oversight and monitoring safety metrics with agreed 'collegiate' support if quality falls • Maternity transition plan by Maternity Network/SaHF clinical board to manage safe transition. • The merger trust provides support for staff transition. • Transition work streams set up when dates for transition are agreed e.g. Maternity 	Chief Executive	9	<p>The changes are causing a level of uncertainty for staff and not all staff will be able to be accommodated within the new Trust, some will have to TUPE to other organisations e.g. midwives.</p> <p>Currently managing to retain and recruit staff</p>

**Trust Risk Register
November 2014**

Ref	Risk Heading	Current Risk score	Mitigation / Assurance & Timeframe	Lead	Target Risk score	Current impact of mitigation.
PM EH 2014	<p>Ealing Hospital Critical mass in cancer sub specialist & risk of decommissioning Destabilisation of service areas and/or inability to meet quality standards due to low critical mass and volume of work in some areas.</p> <ul style="list-style-type: none"> out of hours cover for key services – eg: GI bleeding rota, interventional radiology, consultant hours on labour ward <p>Critical mass in cancer sub specialities and risk of decommissioning.</p>	16	<ul style="list-style-type: none"> Treat and transfer arrangements where insufficient clinical cover to provide service on site: eg interventional radiology. Joint service development – eg: haematology with Hillingdon, urology with NWLH Risk of destabilising maternity flagged with SaHF programme and specific meetings arranged with NWL providers regarding how to support EHT during maternity transition. 	Medical Director	9	Implementation of plans as described under mitigation. Continuing to work on joint service developments. Awaiting final decisions about date for maternity changes. (No change)
PM EH 2014	<p>Ealing Hospital Insufficient out of hours cover for key services</p> <ul style="list-style-type: none"> Unable to invest in some key services to achieve required consultant numbers. EHT critical mass too small to meet all of the 7 day working standard 	12	<ul style="list-style-type: none"> SaHF transition plans to move EHT maternity in 2015 Integration plans support specific rotas and access e.g.: endoscopy, interventional radiology. 7 day working group established with project manager, part of the NWL sector 7 day working project: Review December 14 . 	Director of Operations.	9	Currently holding a position to maintain sufficient hours. (No change)

**Trust Risk Register
November 2014**

Finance						
Ref	Risk Heading	Current Risk score	Mitigation / Assurance & Timeframe	Lead	Target Risk score	Current impact of mitigation.
PM F 2014	<p>Ensuring financial stability</p> <ul style="list-style-type: none"> • Inability to meet the agreed control total for the year • Failure to deliver CIP savings targets for year 	16	<ul style="list-style-type: none"> • Ongoing budget management with divisions • SFI and SO control to budgetary spend • Monitoring and reporting of financial position and escalation to agree actions to counter over spend • Reporting financial risk and actions being taken to counter the impact of these as part of Executive and Trust Board reports • Negotiations with CCG regarding over-performance and other funding. 	Director of Finance	9	The consolidated ytd Mth 6 position reflects an adverse variance to plan of £11.2m. The variance is primarily due to the loss of merger income in NPH to the value of £4.9m, however this income loss will be offset by additional PDC funding from the TDA into the new trust in Month 7, a timing difference due to EHT having to re-align their budget to the original TDA plan to the value of £3.8m, this will not affect the overall annual position of EHT, a £1.6m merger related income adjustment in EHT's accounts and slippage of £1m in the EHT CIP delivery ytd.

Trust Risk Register November 2014

RISK SCORING GUIDANCE

1. Measures of Consequence

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	No injury requiring no intervention or treatment.	Minor injury or illness requiring minor intervention. Increase in length of hospital stay by 1–3 days.	Moderate injury requiring further intervention. Increase in length of hospital stay by 4–15 days. RIDDOR/agency reportable incident. An event which impacts on a small number of patients.	Major injury leading to long-term incapacity/ disability. Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	Incident leading to death. Multiple permanent injuries or irreversible health effects. An event which has a significant impact on a large number of patients.
	No injury requiring no intervention or treatment. No time off work required.	Minor injury or illness requiring minor intervention. May require time off work for <7 days.	Moderate injury requiring further intervention. Requiring time off work for >7 days. RIDDOR/agency reportable incident.	Major injury leading to long-term incapacity/ disability. Admission to hospital for more than 24 hours (HSE)	Incident leading to death of individual or several people. Multiple permanent injuries or irreversible health effects.
Quality/complaints/audit	Peripheral element of treatment or service sub-optimal. Informal complaint/inquiry.	Overall treatment or service sub-optimal. Formal complaint (stage 1) Local resolution. Single failure to meet internal standards. Minor implications for patient safety if unresolved. Reduced performance rating if unresolved.	Treatment or service has significantly reduced effectiveness. Formal complaint (stage 2) Local resolution (with potential to go to independent review). Repeated failure to meet internal standards. Major patient safety implications if findings are not acted on.	Non-compliance with national standards with significant risk to patients if unresolved. Multiple complaints/ independent review. Low performance rating. Critical report.	Incident leading to totally unacceptable level or quality of treatment/service. Gross failure of patient safety if findings not acted on. Inquest/ ombudsman inquiry. Gross failure to meet national standards.
Organisational development/ staffing/ competence	Low staffing levels that do not impact on quality of service.	Low staffing level that reduces service quality.	Unsafe staffing level or competence of staff affecting service delivery. Low staff morale. Poor staff attendance for mandatory/key training. Late delivery of key objective/service due to lack of staff.	Unsafe staffing level or competence of staff significantly affecting service delivery. Loss of key staff. Very low staff morale. No staff attendance for mandatory/key training. Uncertain delivery of key objective/service due to lack of staff.	Unsafe staffing levels or competence of staff severely affecting service delivery. Loss of several key staff. No staff attending mandatory training/key training resulting in harm to staff or patients. Non-delivery of key objective/service due to lack of staff.

**Trust Risk Register
November 2014**

Statutory duty/inspections	No impact or breach of guidance/ statutory duty.	Breach of statutory Legislation. Reduced performance rating if unresolved.	Single breach in statutory duty. Challenging external recommendations/ improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low performance rating. Critical report.	Multiple breaches in statutory duty. Prosecution. Complete systems change required. Zero performance rating. Severely critical report.
Adverse publicity/reputation	Rumours.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage – long-term reduction in public confidence.	National media coverage with service well below reasonable public expectation.	National media coverage with service well below reasonable public expectation. MP concerned (questions in the House). Total loss of public confidence.
Business objectives/projects	Insignificant cost increase/schedule slippage.	<5% over project budget. Schedule slippage.	5–10% over project budget. Schedule slippage.	Non-compliance with national 10–25% over project budget. Schedule slippage. Key objectives not met.	Incident leading >25% over project budget. Schedule slippage. Key objectives not met.
Finance/claims	Small loss. Risk of claim remote.	Loss of 0.1–0.25% of budget. Claim less than £10,000.	Loss of 0.25–0.5% of budget. Claim(s) between £10,000 and <£100,000.	Uncertain delivery of key objective/Loss of 0.5–1.0% of budget. Claim(s) between >£100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objective/loss of >1% of budget. Failure to meet specification/ slippage. Loss of contract/ payment by results. Claim(s) >£1 million.
Service/business interruption Environmental impact.	Loss/interruption of >1 hour. No impact on the environment.	Loss/interruption of >8 hours. Minor impact on environment.	Loss/interruption of >1 day. Moderate impact on Environment.	Loss/interruption of >1 week. Major impact on Environment.	Permanent loss of service or facility. Catastrophic impact on environment.
Information, Security, Confidentiality	Breach of confidentiality. Less than 5 people affected.	Breach of confidentiality. Up to 20 people affected.	Breach of confidentiality. Over 20 an up to 100 people affected.	Breach of confidentiality. Over 100 and up to 1000 people affected. Or with 1 or more people affected with either particular sensitivity details e.g. sexual health.	Breach of confidentiality. Over 1000 people affected. Or with 1 or more people affected with the potential for ID theft.

Trust Risk Register

Consequence score (severity levels) and examples of d
November 2014

	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Additional examples	Incorrect medication dispensed but not taken. Delay in routine transport for patient.	Physical attack such as pushing, shoving or pinching, causing minor injury. Self-harm resulting in minor injuries. Grade 1 pressure ulcer. Incident resulting in a bruise/graze, laceration, anxiety requiring occupational health counselling (no time off work required).	Physical attack causing moderate injury. Self-harm requiring medical attention. Grade 2/3 pressure ulcer. Healthcare-acquired infection (HCAI) short-term. Incorrect or inadequate information /communication on transfer of care. Vehicle carrying patient involved in a road traffic accident. Slip/fall resulting in injury such as a sprain.	Physical attack resulting in serious injury. Grade 4 pressure ulcer. Long-term HCAI. Retained instruments/material after surgery requiring further intervention. Slip/fall resulting in injury such as dislocation/ blow to the head. Loss of a limb. Failure to follow up and administer vaccine to baby born to a mother with hepatitis B.	Unexpected death. Suicide of a patient known to the service in the past 12 months. Homicide committed by a mental health patient. Large-scale cervical screening errors. Removal of wrong body part leading to death or permanent incapacity. Incident leading to paralysis. Incident leading to long-term mental health problem.

Measures of Consequence (continued with working examples)

2. Measures of Likelihood

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/reoccur. i.e. (Not expected to occur for years)	Do not expect it to happen/reoccur but it is possible it may do so. i.e. (Expected to occur at least or has occurred annually)	Might happen or reoccur occasionally. i.e. (Expected to occur at least or has occurred monthly)	Will probably happen/reoccur, but it is not a persisting issue/ circumstances. i.e. (Expected to occur at least or has occurred weekly)	Will undoubtedly happen/reoccur, possibly frequently. i.e. (Expected to occur at least or has occurred daily)

Trust Risk Register November 2014

3. Quantitative Level of Risk = Consequence x Likelihood

Consequence		Likelihood				
		Rare 1	Unlikely 2	Possible 3	Likely 4	Almost certain 5
Negligible	1	1	2	3	4	5
Minor	2	2	4	6	8	10
Moderate	3	3	6	9	12	15
Major	4	4	8	12	16	20
Catastrophic	5	5	10	15	20	25

4 and under	Low Risk	5-6	Moderate Risk	8-12	Significant Risk	15 and above	High Risk
-------------	----------	-----	---------------	------	------------------	--------------	-----------

4. Risk Quantification Conclusion/Action Matrix

		Risks Scores and Actions to be Taken	Adding to a Risk Register
4 & under Low Risk	=	Accept risk no further action required.	Does not need adding to a Risk Register.
5-6 Moderate Risk	=	Risk to be managed and monitored locally.	Add to Directorate Risk Register.
8-12 Significant Risk	=	Risk to be managed and monitored locally, however where local resolution cannot satisfactorily be achieved these risks are to be brought to the Health & Safety or Clinical Risk Management Group (as appropriate) and the Strategic Risk Management and Clinical Governance Committee by the Assistant Director/Clinical Director considered for inclusion in the Trust Risk Register.	Add to Directorate Risk Register and consideration by Executive for inclusion in the Trust Risk Register.
15 & above High Risk	=	Are high risks and are to be brought to the Health & Safety or Clinical Risk Management Group (as appropriate) and the Strategic Risk Management and Clinical Governance Committee by the Assistant Director/Clinical Director for inclusion in the Trust High Risk Register.	Add to Directorate Risk Register and inclusion in the Trust Risk Register by an Executive Director.