

TRUST RISK REGISTER - RED & AMBER-ABOVE 9
November 2010-post Sept 2010 review

Key: Red =15 - 25 Amber = 10 - 14 Green = 9 & under

No	Directorate	Department	Lead Director	Description of risk	Source of risk	Date entered	Impact and likelihood	Risk Rating	Planned Actions and Controls in Place	Assurance Frame work Reference	Progress Update & Review Date	Quarterly Review residual risk rating
10/170	Division of Medicine & Therapies	Diabetic Retinal Screening Programme	Director of Operations	Shortfalls in diabetic retinal screening programme, presenting a clinical risk to patients.	The programme Board	April 10	(5x5)	25	<ul style="list-style-type: none"> • A programme recovery and implementation team has been established. • External expert matter consultant commissioned by the PCT to lead on the recovery of the service. • Patients in line with a robust risk stratification-analysis conducted. • Patients at risk identified. • Service suspended. 	1.1	<p>June 10: Review almost complete. Suspension period will be revised when review completed.</p> <p>Sept 10: Service being re-commissioned and will recommence in Oct.</p> <p>Next Review Date: Dec 10</p>	5x2=10

No	Directorate	Department	Lead Director	Description of risk	Source of risk	Date entered	Impact and likelihood	Risk Rating	Planned Actions and Controls in Place	Assurance Frame work Reference	Progress Update & Review Date	Quarterly Review residual risk rating
10/176	Operations		Director of primary care	New Risk Reputational, operational and financial risk of delivering services at Hornsey Central Neighbourhood Centre in Haringey.	Commissioners request- Whittington to develop	Sept 2010	(4x5)	20	<ul style="list-style-type: none"> Project team and project manager in place SOP in development Governance and operational issues being addressed. Plan enables staggered development of services with focus on getting the infrastructure in place. 	1.1	Next Review Date: Dec 10	
10/177	Operations		Director of primary care	New Risk Reputational and financial risk of developing an urgent care centre at the Whittington	Urgent Care Centre in response to local	Sept 2010	(4x5)	20	<ul style="list-style-type: none"> Development of proposal with full engagement of both commissioners, hospital staff and community colleagues. Negotiation of financial arrangement with full involvement of finance colleagues and learning from other Trusts. 	1.1	Next Review Date: Dec 10	

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10/175	Nursing & Clinical Development	Infection Prevention & Control	Director of Nursing	<p>New Risk</p> <p>High absence rate in the Infection Control Team due to sickness and maternity leave. Risk of inadequate support to clinical and ancillary staff on issues about infection prevention and control.</p>	Infection Control Committee	Sept 2010	(4x5)	20	<ul style="list-style-type: none"> • Identification of Link nurses in clinical areas. • Enhanced training for Link staff. • Appointment of locum consultant & additional nurse to cover maternity leave. 	1.1	<p>Next Review Date:</p> <p>Dec 10</p>	

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10/165	Clinical & Outpatients Services	Imaging	Medical Director	<p>Lack of on-call rota for interventional radiology.</p> <p>Inability to provide a 24/7 interventional radiology for emergency vascular embolisation service (for post partum haemorrhage and or Gastrointestinal bleeding) or percutaneous nephrostomy. The problem is a combination of skill mix plus the low numbers of procedures (estimated at about 6 times per year) precluding adequate training and maintenance of skills.</p>	Complications arising within existing inpatient population including post partum haemorrhage.	Jan 2010	(4x5)	20	<ul style="list-style-type: none"> Multiple previous unsuccessful attempts to obtain cross site cover Patients currently managed by active resuscitation, ITU support and surgery. Business case for interventional radiology being developed. 	1.1	<p>June 10: Caroline Allum working with RFH to develop network approach to provide out of hours interventional radiology for Whittington pts.</p> <p>Sept 10: Business case currently being assessed through approval process. Progressing honorary contracts for external radiologists, aim for go-live Nov 10</p> <p><u>Next review date Dec 10</u></p>	4x5=20

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07/18	Facilities	Estates	Director of Facilities	Failure to deliver hard FM service through PFI.	Trust Board	Jun-07	(5x4)	20	<ul style="list-style-type: none"> Feb 09: due diligence and compliance audits have been carried out over past six months. These have highlighted failures to meet regulatory and compliance standards. The DDCA regime continues to be in place with a further review due to take place in March 2009. Risk rating unchanged 	4.2	<p>Sept 09: DDCA actions completed. New audit to be carried out in 2010.</p> <p>Sept 2010: The provision of hard services was transferred with the trust agreement to a new company 'PIML' working for the PFI SPV. This agreement is an interim and is under review pending a full retender of the service. The trust approved this phase of the stabilisation plan to November 2010.</p> <p>Next Review Date: March 11</p>	4x3=12

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10/169	All	All	Director of SIRO	Poor management of long term storage, referral and destruction of records. Records kept in range of area.	Integrated Governance	Apr 10	(4x4)	16	<ul style="list-style-type: none"> A steering group has been set up to review the options and will meet in June with Glenn Winteringham acting as lead in the temporary absence of the SIRO 	5.2, 2.2	<p>Sept 10: Procurement tender underway to rationalise all records unable to be stored safely on site to an off site facility with a single supplier. Due for completion by Nov 10</p> <p>Next Review Date: Dec 10</p>	4x4=16

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09/162	HR	Trust wide	Director of HR	Relevant staff across the Trust may not have attended mandatory training and therefore may not be aware of the correct policies and procedures to be followed.	Executive Committee	Dec 09	(4x5)	16	<ul style="list-style-type: none"> All directors have agreed to prioritise ensuring that staff are released and do attend mandatory training provided. Director of HR and Director of Facilities have prioritised additional provision of relevant training for staff. 	6.1 1.1	<p>June 10: Director of HR led a full review of content & processes for mandatory & induction in June. Executive Cmte agreed recommended actions for improving performance</p> <p>Sept 10: Attendance improving. 71% staff attended non clinical mandatory training & 62% clinical mandatory</p> <p>Next review date: March 11</p>	4x3=12

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10/178	HR	HR	Director of HR	<p>New Risk</p> <p>Lapse in a previous year of the adequate checking of right to work status for temporary staff.</p>	SUI – retinal screening	Nov 10	(4x4)	16	<ul style="list-style-type: none"> Recruitment procedure clearly outline process for ensuring that applicants have legal entitlement to work in the UK on appointment HR staff regularly trained on UK Border Agency updates. Monthly reports identify staff whose work permit/visa are due to expire. Appropriate action then taken by HR. Effectiveness of process is regularly audited by external auditors as well as UKBA. Audit of immigration status for all bank staff being undertaken as higher risk area, with appropriate follow up 	6.1	<p>Next review date:</p> <p><u>March 11</u></p>	

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09/150	Operations	Surgery & Cancer	Director of Operations	Risk of not achieving 2 week wait, 31& 62 day cancer target	Operations performance management data as part of new reform strategy target	March 2009	(5x3)	15	<ul style="list-style-type: none"> Trust has developed daily PTL performance matrix for measuring cancer performance. 	2.1	<p>June 10: All targets achieved 09/10. Data at patient level. Reviewed daily with JT. Performance meetings weekly. New organisational structure. Put in place to manage pathways. Internal auditors have reviewed and validated processes.</p> <p>Sept 10: Performance for 62 days remains 85% target but breast 2 week & 2 week cancer performance is poor in Q1 &2. Remedial actions include GP liaison, full application of access policy & daily demand & capacity review.</p> <p>Next Review Date: Dec 10</p>	5x3=15

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09/138	Facilities	Estate	Director of Facilities	Failure to estate plant replacement and backlog of maintenance issues	Legal and statutory legisiation	April 09	(5x3)	15	<ul style="list-style-type: none"> • Prioritisation of backlog and plant replacement is managed through the Capital Monitoring Group. • Funds are allocated to projects based upon the risk arising from lack of investment. • This programme is reviewed regularly and progress with investment is reported to The Executive Committee. 	4.1	<p>Sept 09: No change.</p> <p>Dec 09: No change.</p> <p>March 10: No change.</p> <p>June 10: No change.</p> <p>Sept 10: No change.</p> <p>Next Review Date: Dec 10</p>	5x3=15

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09/139	Facilities	Estate	Director of Facilities	Failure to replace medical equipment on life expiry of premature obsolescence	Legal and statutory legislation	April 09	(5x3)	15	<ul style="list-style-type: none"> • Prioritisation of medical equipment replacement is managed through the Capital Monitoring Group. • Funds are allocated to projects based upon the risk arising from lack of investment. • The programme is reviewed regularly and progress with investment is reported to The Executive committee. 	1.5	<p>Sept 09: No change.</p> <p>Dec 09: No change.</p> <p>March 10: No change.</p> <p>June 10: No change.</p> <p>Sept 10: No change.</p> <p>Next Review Date: Dec 10</p>	5x3=15

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08/137	Facilities	Estate	Director of Facilities	Failure to meet legal and statutory requirements for the maintenance and upkeep of the estate	Legal and statutory legislation	December 2008	(5x3)	15	<ul style="list-style-type: none"> • Prioritisation of backlog and plant replacement is managed through the Capital Monitoring Group. • Funds are allocated to projects based upon the risk arising from lack of investment. • This programme is reviewed regularly and progress with investment is reported to The Executive Committee. 	4.1 4.2	<p>Sept 09: No change.</p> <p>Dec 09: No change.</p> <p>March 10: No change.</p> <p>June 10: No change.</p> <p>Sept 10: No change.</p> <p>Next Review Date: Dec 10</p>	5x3=15

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10/174	Operations	Decontamination	Director of Operations	<p>New Risk</p> <p>The Trust has purchased containers to contain and protect surgical instruments which are now processed by IHSS. This asset was purchased at a cost of approximately £230.000. These containers are being separated from their contents and mislaid by IHSS. This allows the instrumentation to be lost and remain unprotected.</p>	Decontamination Committee	Sept 2010	(3x5)	15	<ul style="list-style-type: none"> Experienced theatre nurse and Sterile Services technician sent to IHSS Park Royal to advise and educate production line staff. 6/09/10 All incidents of failed return of correctly boxed sets to be recorded and used as learning tool. Meeting to be arranged with IHSS following input from Whittington staff to evaluate progress and address remaining issues. 11/10/10 	1.4	<u>Next Review Date:</u> Dec 10	

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10/164	Facilities	Switchboard	Director of Facilities	There is currently no formal policy in place governing the management of internal and external bleeps for the entire site. There are known issues over bleep management. These include poor control of bleeps, on-call lists and bleep changeover of junior doctors.	Switchboard	Jan 10	(5x3)	15	<ul style="list-style-type: none"> On a day to day basis there are procedures undertaken which minimises the risks, i.e. bleep tests, crash call tests. The problem arises at doctors' change-over time which occurs bi-annually and the non communication of on-call rotas and swaps to the switch board team. A bleep management policy is to be written and implemented by Feb 2010. 	1.1 6.2	<p>March 10: Policy in draft format and circulated for comment. Proposed implementation June 10.</p> <p>June 10: Proposed implementation date Aug' 10.</p> <p>Sept 10: Bleep policy written and elements involving switchboard implemented- i.e. baton bleep for Drs commenced Aug 10 and is working well.</p> <p>Next Review Date: Dec 10</p>	5x3=15

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10/171	Women & Children	Maternity	Director of Operations	The general lift that is situated immediately outside Labour Ward is currently used to transfer women pre & post delivery, as well as servicing the general public. This has on numerous occasions broken down.	Maternity Clinical Risk Management	May 10	(5x3)	15	<ul style="list-style-type: none"> Supervisor of Midwives on call will liaise with LAS in the event of both lifts being out of action. Lift maintenance in accordance with legal standards by Otis. Inspection reports held by Estates. Otis lift engineers available 24 hours on emergency call out. Lift failure protocol in place to deal with lift failures (i.e. communication of problem to Labour, Murray and Neo-natal and what actions to take by staff during normal hours and out of hours). Clinicians to assess patients' needs to attend theatre or Labour ward. 	1.1	Next Review Date: March 11	5x2=10

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									<ul style="list-style-type: none"> • If required, Estates have a lift failure standard operating procedure to raise and lower lifts hydraulically 5 to 10 minutes from the lift room if requested by Clinicians. • Copies of SOP in lift room. Keys to lift room held by engineer and spare key with security. • Maintenance staff and security staff trained on Estates SOP. • Trained staff available to operate lift hydraulically. Staff trained annually. • Ward, Maintenance, Security and Estate Management trained in protocol annually. 			

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08/99	IM&T	IM&T	Director of IM&T	Potential insecure transfer of person identifiable data off site	Recent payroll data loss in response to a specific information governance question from London SHA as part of the wider NHS information governance review	Sep-08	(5x3)	15	<ul style="list-style-type: none"> Feb 09: The IM&T directorate are piloting the encryption of portable devices e.g. CDs, USB memory sticks, and aim to have fully rolled out by the end of March 2009. 	2.2	<p>Dec 09: Delay in testing due to encryption software problems nationally and locally. Being tested in IM&T with a view to roll out in Jan 10.</p> <p>March 10: New integrated anti virus & data loss protection (DLP) procured. Tested March, aim to roll out DLP & encrypted USB sticks May 10.</p> <p>Sept 10: Encrypted USB sticks and device control software rolled out across the trust and completed. Trust is now compliant.</p> <p>Next Review Date: Dec 10</p>	3x1=3 (will be removed at next review)

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10/173	Facilities	Decontamination	Director of Operations	<p>New Risk</p> <p>The Trust has outsourced the processing of Theatre Instrumentation to IHSS Park Royal. There have been incidents of biological debris on instruments. This potentially may affect provision of timely surgery at the Whittington as sets are withdrawn making them unavailable for use.</p>	Decontamination Committee	Sept 2010	(4x3)	12	<ul style="list-style-type: none"> Experienced theatre nurse and Sterile Services technician sent to IHSS Park Royal to advise and educate production line staff. 6/09/10 All incidents of unacceptable sets to be recorded and used as learning tool. Quality issues raised and reported immediately to IHSS via agreed framework. Issues raised at Local Implementation lead/ User group meetings and Management Board meetings. Meetings occur monthly. 	1.4	<u>Next Review Date:</u> March 11	

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09/161	Finance	Payments	Director of Finance	Risk of non payment of invoices due to delayed reimbursement by NHS Haringey. May have impact on late charges and goods and services supply to Trust.	Finance Reports to TB	December 09	(3x4)	12	<ul style="list-style-type: none"> Reported to TB & NHS London. NHS Haringey and dispute issue being negotiated by CEO. Escalation/arbitration will be implemented if not resolved. 	7.1	<p>March 10: Dispute resolved.</p> <p>June 10: No change.</p> <p>Next Review Date: Dec 10</p>	
09/142	Facilities	Estates	Director of Facilities	Failure of nurse call systems on wards	Risk assessment	Feb 09	(4x3)	12	<ul style="list-style-type: none"> Nurse call systems are to be upgraded on estates backlog maintenance, as a rolling programme or as 7 when areas are refurbished as part of capital programme. Spare parts in stock for emergency repairs. 	4.1	<p>June 09: As part of 5 year programme, nurse call bell systems are being upgraded/replaced. Wards within Trust managed buildings have been replaced during refurbishments.</p> <p>Sept 09: No change.</p> <p>March 10: No change.</p> <p>Sept 10: No change.</p> <p>Next Review Date: March 11</p>	4x3=12

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08/128 & 09/148 & 08/109	Operations	All clinical areas	Medical Director	Failure to recognise and act on deterioration in clinical status of patient	Incidents NICE guidance clinical Governance	Oct-08	(4x3)	12	<ul style="list-style-type: none"> • Training • Clinical Supervision • Part-time critical care outreach team 	1.1	<p>Sept 09: awaiting introduction of MEWS scores with new inpatient booklet. Awaiting second pilot of new booklet with MEWS score.</p> <p>Dec 09: Mews booklet due to be piloted Jan 10 .Audits of out of ITU arrests to commence Feb 10.CCOT business case being reviewed as part of HDU extension.</p> <p>March 10: MEWS booklet implemented; SBAR training required.</p> <p>June 10: No change.</p> <p>Sept 10: EWS training plan in place to be rolled out trust wide</p> <p>Next Review Date: March 11</p>	4x3=12

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09/159	Finance	Finance/Payroll	Director of Finance	Financial risk to the Trust of overpaying staff, particularly medical staff that have left the Trust, but have not been terminated on ESR & the associated risk that their overpayments will not be repaid.	Investigative work by HR and Payroll departments	November 09	(4x3)	12	<ul style="list-style-type: none"> From Aug 09 future junior medical staff are entered with an automated termination date on ESR to avoid overpayment. Starter and leaver schedules instigated by medical staffing for GMs. Terminations will be automatically carried out in line with schedule by medical staffing. 	7.2	<p>June 10: Review of system due in July with a view to lowering the risk after the big medical rotation in August</p> <p>Next Review Date: Dec 10</p>	

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08/129	Ops	All clinical areas	Medical Director	Failure to follow the drug administration policy	Incidents Complaints	Oct-08	(4x3)	12	<ul style="list-style-type: none"> • Prescribing policy • Training • Clinical Supervision • Drug admin policy • Ward pharmacists 	1.1	<p>Feb 09: no change</p> <p>Sept 09: No change</p> <p>March 10: Changes in connections to reduce the risk of wrong drugs being given intra-theccally</p> <p>Sept 10: New connectors not yet commercially available.</p> <p>Next review date March <u>11</u></p>	4x3=12

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08/05	Nursing and Clinical Dev	Trust-Wide	Director of Nursing	Risk of inadequate isolation room provision	Infection Control Cmte	Feb-08	(4x3)	12	<ul style="list-style-type: none"> Introduction of LIPS to prioritise patients for isolation point prevalence audit every 2 months to provide capacity/demand data by 	9.1	<p>Feb 09: Risk rating unchanged</p> <p>June 09: No change</p> <p>Sept 09: No increase in isolation rooms but clear guidelines in place for co-horting in bays. Risk reduced to likelihood of 3</p> <p>Dec 09: No change.</p> <p>March 10: No change.</p> <p>June 10: No change.</p> <p>Sept 10: No change</p> <p>Next Review Date: March 11</p>	4x3=12

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08/113	All	All	Director of Primary Care	Adverse feedback from patient surveys (reputation risk)	National guidance National & Local	Oct-08	(3x4)	12	<ul style="list-style-type: none"> • Training • Visible leadership • Real time patient experience feedback in place. • Complaints management 	3.1 5.2	<p>Sept 10: proposed development of stronger governance and development of a patient experience group as sub committee of the Board.</p> <p>Next Review Date: March 11</p>	3x4=12

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09/160	Clinical Services	Imaging	Director of IM&T	<p>Imaging Equipment vendors do not supply an antivirus protection for their equipment and warn that their medical devices warranty would be voided if any such software is introduced.</p> <p>The risk is that equipment is vulnerable to virus attack and may fail to function and it also represents vulnerability on the Trust network/IT services as they have no anti-virus installed.</p>	Direct experience of software virus attack in the Trust. This is the second episode in 6 years.	November 2009	(4x3)	12	<ul style="list-style-type: none"> This is an international problem not confined to the Whittington. FDA are presenting vendors for a response. Our MES provider Asteral has taken out of equipment replacement insurance, but this does not take into account clinical risk or business interruption. Extensive IT investment for virus protection and Microsoft operating system updates across rest of the site to minimise vulnerabilities. IT starting to implement separate segment of the network (VLAN) for those devices into their own logical area to minimise impact. 	1.1 2.2 7.2	<p>March 10: Antivirus has been installed on MRI & Gamma Camera so likelihood reduced with other devices to follow</p> <p>Sept 10: No further update.</p> <p>Next Review Date: March 11</p>	4x3=12

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10/172	IM&T	IM&T	Director of IM&T	Failure to replace obsolete IT infrastructure e.g. PCs, Servers, Printers, Telephones, Desktop software when warranty period expires or product no longer supported by supplier will impact on patient safety and operational efficiency.	Connecting for Health, Supplier contract schedules, Supplier	May 10	(3x4)	12	<ul style="list-style-type: none"> Commitment to invest in a rolling replacement programme is embedded in the annual capital programme. 	1.1 1.5	<p>Sept 10: £100k investment in PCs implemented and funding for phase 2 of another 100K available and will ensure 25% of PCs are replaced this year as part of a 4 year rolling programme as part of CfH best practice guidance.</p> <p>Next Review Date: March 11</p>	3x4=12

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06/14	Operations	Maternity	Director of Operations	Risk of inaccurate data collection due to outdated IT systems within maternity	Incident reports	Nov-06	(4x3)	12	<ul style="list-style-type: none"> Badgernet due to go live in March 09. Community midwife laptops on site. Staff being trained 	1.1 7.1	<p>Sept 09: Technical difficulties still being addressed by company.</p> <p>Dec 09: No change.</p> <p>March 10: Due to go live on 20th April 10.</p> <p>June 10: Go live delayed until July 2010 due to technical problems.</p> <p>Sept 10: Badgernet now live but will be several months before fully operational.</p> <p>Next Review Date: March 11</p>	4x3=12

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06/15	Operations	Maternity-Labour ward	Director of Operations	Not implementing perinatal mental health recommendations from CEMACH/CISH reports.	Clinical Governance Committee	Jun-06	(4x3)	12	<ul style="list-style-type: none"> Islington/Haringey PCT mental health care pathways. Midwives have now been trained as per guidelines. Pathway work continues. No direct referral to the perinatal psychiatrist. 	1.1	<p>Feb 09: No change.</p> <p>Sept 09: Now have direct referral to Consultant Psychiatrist. MH liaison nurse post remains unfilled to date. Protocol drafted awaiting review.</p> <p>Dec 09: Post remains unfilled. Community Midwives due to commence Whooley questions at booking visit which will help minimise the risk of vulnerable women not being identified at booking (NICE 2007).</p> <p>March 10: No change</p> <p>June 10: Liaison nurse appointed. Whooley questioning in place.</p> <p>Next Review Date: Dec 10</p>	

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07/17	Facilities	Estates	Director of Facilities	Failure to internal electricity supply	Health and safety committee	Jun-07	(4x3)	12	<ul style="list-style-type: none"> Replacement of site infrastructure continues to be planned and programmed. Backlog issues mean that the programme for this will run over several years. The impact of the latest investment will be reviewed in October 2009. 	4.1 4.2	<p>Sept 09: Risk rating unchanged.</p> <p>March 10: No change.</p> <p>Sept 10: No change.</p> <p>Next Review Date: March 11</p>	4x3=12

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09/151	Operations	DOSS	Director of Operations	The mortuary secondary storage system is used to store long stay or larger bodies that cannot be accommodated within the main mortuary. The Trust has no current plans or allocated budget to replace this unit.	Maintenance Report	March 2009	(4x3)	12	<ul style="list-style-type: none"> A contact is in place with Co-Op if bodies have to be relocated off site in an emergency. Department and facilities have commenced planning of options for alternative service provision. 	4.1	<p>Sept 09: Business Plan replacement has been produced and request for funds in capital budget planned for 2010-11.</p> <p>March 10: Funding allocated in 10/11 capital plan. CPID for replacement unit to be raised in Q1 10/11.</p> <p>Sept 10: Funding approved-works to be completed by Oct 10.</p> <p>Next Review Date: March 11</p>	4x3=12

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09/152	Operations	Orthopaedics	Director of Operations/Ian Bacarese-Hamilton	High benchmarked rated of infection in patients having surgery for fractured neck of femur	Surgical Site Infection Surveillance Scheme Infection Control cmt (SSISS) reports.	20 March 2009	(3x4)	12	<ul style="list-style-type: none"> Orthopaedic surgeons asked to review practice and bring summary of current problems to May Infection Control Committee. Trust currently working with Institute for Innovation for Fracture Neck of femur to establish improvements. New ICP developed. 	9.1	<p>Sept 09: The ICP has been developed and in place but still high infection rates.</p> <p>March 10: Infection risk associated with additional beds on Coyle ward resolved and additional beds removed Feb 10. ICP pathway agreed and implemented with Enhance Recovery work stream.</p> <p>Sept 10: Enhanced recovery programme being introduced into orthopaedics-will further reduce LoS and reduce pressure on bed capacity.</p> <p>Next Review Date: March 11</p>	3x4=12

No	Directorate	Department	Lead Director	Description of risk	Source of risk	Date entered	Impact and likelihood	Risk Rating	Planned Actions and Controls in Place	Assurance Frame work Reference	Progress Update & Review Date	Quarterly Review residual risk rating
08/118	Ops	All clinical areas	Medical Director	Side effects of drug treatment including adverse drug interactions	- NPSA - Incidents	Oct-08	(3x4)	12	<ul style="list-style-type: none"> • Training • BNF/drug formulary • Clinical supervision 	1.1	<p>Feb 09: no change. Will be helped by e-prescribing.</p> <p>Sept 09: No change.</p> <p>March 10: Ward pharmacists have increased support to junior drs re prescribing. E prescribing implementation due this financial year.</p> <p>Sept 10: Common drug chart now in use in all acute trusts in sector. New drug safety group led by Head pharmacist in operation.</p> <p>Next review date March</p>	<p>3x3=9 (will be removed at next review)</p>

No	Directorate	Department	Lead Director	Description of risk	Source of risk	Date entered	Impact and likelihood	Risk Rating	Planned Actions and Controls in Place	Assurance Frame work Reference	Progress Update & Review Date	Quarterly Review residual risk rating
08/102	Operations		Director of Operations	Bed management / LOS / demand capacity – unable to manage unplanned admissions within bed base.	Ops team meeting	Oct-08	(4x3)	12	<ul style="list-style-type: none"> Review of bed management and escalation / contingency arrangements. Continued focus on LOS. Regular review and monitoring via Ops team meeting. 	2.1	<p>Feb 09: Ytd pressure has been high but performance against ED targets has remained positive.</p> <p>Sept 09: No change.</p> <p>March 10: Revised bed management policy to be completed by April 15th.</p> <p>Sept 10: Expanded AAU due to open in Oct 10. Winter pressure ward available (currently closed). Loss of stroke beds on JKU has provided some extra capacity.</p> <p>Next Review Date: March 11</p>	4x2=8 (will be removed at next review)

No	Directorate	Department	Lead Director	Description of risk	Source of risk	Date entered	Impact and likelihood	Risk Rating	Planned Actions and Controls in Place	Assurance Frame work Reference	Progress Update & Review Date	Quarterly Review residual risk rating	
08/108	Operations	All	Medical director	Failure of Healthcare professional performance to acceptable standards including failure to follow agreed guidelines for care	Incidents - GMC NMMC	Oct-08	(4x3)	12	<ul style="list-style-type: none"> Codes of Practice and conduct HR policies Clinical supervision Mentorship 	1.1	<p>Feb 09: No change.</p> <p>Sept 09: No change.</p> <p>March 10: Added DMR page to intranet for real time support for DMR actions.</p> <p>Sept 10: Common medical emergencies page now at front of clinical guidelines section on intranet</p> <p>Next review date March</p>	11	4x2=8 Will be removed at next review

No	Directorate	Department	Lead Director	Description of risk	Source of risk	Date entered	Impact and likelihood	Risk Rating	Planned Actions and Controls in Place	Assurance Frame work Reference	Progress Update & Review Date	Quarterly Review residual risk rating
09/156	Operations	Resuscitation Service	Director of Nursing	Trust wide resuscitation equipment is in poor state of readiness for use, there is a significant lack of provision and a lack of an effective method of replacing used disposable stock in order to make areas safe to respond to clinical emergencies	CGC, Resus Committee	Sept 09	(5x2)	10	<ul style="list-style-type: none"> Full plan agreed at Clinical Governance meeting which include: resuscitation equipment strategy written (approved 13/10/09) Centralise all resuscitation and emergency trolley and resuscitaire disposables in location accessible 24 hours by November 2009 	1.1	<p>Dec 09: Weekly monitoring meetings reporting to resus cmte. Trust trolley & grab bag in use as interim solution. Resus equipment store in place and additional required equipment delivered. Rate reduced.</p> <p>March 10: Action plan in progress-monitored by Clinical Governance Committee</p> <p>Sept 10: No change.</p> <p>Next Review Date: March 11</p>	5x2=10

No	Directorate	Department	Lead Director	Description of risk	Source of risk	Date entered	Impact and likelihood	Risk Rating	Planned Actions and Controls in Place	Assurance Frame work Reference	Progress Update & Review Date	Quarterly Review residual risk rating
09/147	Medicine	Emergency Department Paediatric	Director of Nursing	Not every child who attends ED is checked against the register of child protection plans in line with NHS London Directive.	Serious Case Review NHS London instruction	March 2009	(2x5)	10	<ul style="list-style-type: none"> Child protection plans currently checked for every child about whom there are concerns. Register of plans held in ED for Islington. Haringey & Camden in paper form. ED nurse consultant leading work to establish routine checking of register for every child attending. 	2.1 5.2	<p>Sept 09: No change to risk rating.</p> <p>March 10: No change.</p> <p>Sept 10: No change.</p> <p>Next Review Date: March 11</p>	2x5=10