

Summary of top risks (Ranked by Current Residual Risk Score)

	Abbreviated Risk Title	Target Residual Score	Current Residual Risk as at Dec. 2010	Current Residual Risk as at March 2011	Page(s)
1	Failure to maintain financial balance in future years (2011-12 onwards)	10	20	20	2-4
2	Impact of failure to meet Emergency Services 4 hour waiting target	8	16	16	5
3	Anticoagulation and venous thromboprophylaxis	5	15	15	6-7
4	Hospital Acquired Infections	15	15	15	8-9
5	Midwifery staffing	10	15	15	10-11
6	Delayed transfers of care	10	15	15	12-13
7	Care of Patients with Mental Health Needs in an Acute Setting	4	15	15	14
8	Management and use of clinical records	4	12	12	15
9	Inadequate investment in car parking provision	4	12	12	16-17
10	Medicines management	8	12	12	18-20
11	Excessive Medical Outliers	8	12	12	21-22
12	Safety and Suitability of Premises	4	12	12	23-24
13	Asbestos Management	4	12	12	25-26
14	Influenza Pandemic	16	12	12	27-28
15	Failure to maintain financial balance in 2010/11	5	15	10	29-30
16	Transforming Community Services	6	n/a	9	31-32
17	Care of Older People (Draft)	tbc	tbc	tbc	33-35
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Risk definitions

Initial risk	risk score with existing controls in place when the risk was first registered
Target residual risk	risk score that remains after additional controls / actions to mitigate initial risk have been implemented
Current residual risk	risk score at the time the report is refreshed (before quarterly TEG/Board meetings)

Title	Failure to maintain financial balance in future years (2011/12 onwards)
Risk owner	Director of Finance
DATIX ID	459
Date entered DATIX	18/12/06
CQC Outcome(s)	Not applicable (regulated by Monitor)

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
Unrealistic organisational expectations and planning assumptions	Produce and maintain 3 year Outline Financial Plan/Strategy.	May 2011	Nil	Scenarios for 2011/12 planning produced regularly and position well understood. Outline for period 2011/12 - 2013/14 to be produced as part of Monitor Annual Plan submission in May 2011. Size of P&E challenge and financial environment well understood. Potential activity reductions becoming an additional factor.
Underlying deficit brought-forward from 2010/11	Performance Management Framework processes to ensure that Directorates address budget deficits.	Mar 2011	Nil	Direct and indirect funding support provided as part of 2010/11 Financial Plan. New Performance Management Framework arrangements established. Creates an additional efficiency requirement for 2011/12. Development of SLR/PLIC information important and profile being raised. Plans to address significant SLR deficits requested for 31 March 2011.
Consequences of new Standard National Contract with effect from 1 April 2011 where national terms are less favourable than current terms.	Negotiation of contract by experienced team with clear parameters and understanding of issues.	Mar 2011	Nil	Unclear what new contract terms will be for 2011/12 but unlikely to be favourable. 2011/12 Operating Framework created further issues, particularly in respect of new rules on non-payment for Emergency Readmissions within 30 days.
High national efficiency targets and failure to deliver necessary Productivity and Efficiency requirements.	Drive Service Improvement P&E Programme and ensure production and delivery of P&E plans/targets	Ongoing	TBC	On-going work to drive corporate Programmes and Directorate Plans. High level 3 year plan developed. Additional investment in Programmes to ensure future success. Plans for 2011/12 now being finalised. Delivery of £36m requirement is a major risk. Further consultancy support under consideration.
Income losses/variability due to patient choice, "demand management", general NHS financial pressures, QIPP Plans, etc	Continue modelling of future activity requirements and develop action plans where down-sizing is required.	April 2011	Nil	2011/12 activity plan still to be agreed. NHS Sheffield's financial challenges mean that there will inevitably be downward pressure on activity levels (QIPP plan). Current proposal to reduce NHS Sheffield activity by £16-20m with major financial consequences for the Trust. Some opportunities to compete for activity in surrounding areas.

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
<p>Pressure to meet quality and regulatory standards without any new external funding</p> <p>Pressure to meet service targets without any/adequate new external funding</p> <p>Nationally generated and other cost pressures without adequate funding</p> <p>Capital investment without adequate revenue funding.</p>	<p>Set achievable 2011/12 Financial Plan.</p> <p>Rigorous review and prioritisation of potential cost pressures, investments, etc to ensure unavoidable and value for money.</p> <p>Seek additional income opportunities, eg through LBC, Quality Payments, etc.</p>	Mar 2011	Nil	Business Planning process to be further refined for 2011/12. Minimal funding available so difficult choices are inevitable. Operational management of issues will be key.
Unsatisfactory outcome to further changes to Tariffs/MFF for 2011/12 and thereafter.	<p>Seek to influence tariff and MFF development.</p> <p>Further internal work to review tariffs and ensure appropriate income recovery.</p>	<p>Mar 2011</p> <p>On-going.</p>		Scope limited. Current modelling suggest small gain on tariffs but various issues to be addressed. Likely to be on-going challenges from PCTs on non-tariff areas but principle of neutrality on pricing/technical issues agreed for 2011/12.
Insufficient contingency in Balance Sheet to mitigate financial problems	Maintain strengthen in Balance Sheet/Working Capital position.	On-going	Nil	Underlying cash balances of £15-20m to be held with any further surplus used for capital investment. Provided I&E and Capital Plans in balance the working capital position will be maintained. Working Capital Facility maintained at £60m.
Income losses on Education and Training contract arrangements from 2011/12 following MPET Review.	Seek to influence implementation.	April 2011	Nil	National costing exercise suggests £10m loss from 2011/12. Decision to go-ahead for 2011/12 now revoked. Still likely to be some cuts for 2011/12 but not yet clear.

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
Inadequate capital funding to enable priority schemes to progress	Capital Planning processes improved. 5 year Capital Plan developed- will be reviewed every quarter. Ensure absolute consistency between service, financial, workforce and estate planning.	Ongoing		Work completed re clarification of approval stages, Business Case training and specification of documentation and processes. 5 year Plan approved by Board in April 2010. Update to be submitted to the Board in April 2011 with no reliance on I&E surpluses. Business Planning process.

	Consequence	Likelihood	Risk Score
Initial risk	5	4	20
Target Residual	5	2	10
Current Residual	5	4	20

RATIONALE FOR SETTING TARGET RESIDUAL SCORE

A failure to achieve financial balance would be serious from both a financial and reputational perspective. The potential to lead to a loss of confidence in, and commitment to, delivering future financial balance is also a major factor. The target consequence position, therefore, would remain 5.

The target likelihood position of 2 would reflect a position of reasonable confidence that financial balance would be achieved based on firm plans for the next year and outline plans for the following two years.

Title	Impact of failure to meet Emergency Services 4 hour waiting target
Risk owner	Chief Operating Officer
DATIX ID	785
Date entered DATIX	3.3.10
CQC Outcome(s)	Not applicable (Regulated by Monitor)

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
<ul style="list-style-type: none"> Poor patient experience Greater regulatory oversight by Monitor and potential for knock-on of greater scrutiny by other regulators A year on year increase in attendances of at least 4%. Reputational damage 	<p>Emergency Care Intensive Support Team visited in – Sept/Oct 09 with a revisit in October 2010.</p> <p>Comments and suggestions from the ECIST visit in October have been built into the health community Action Plan with short, medium and long term plans for STHFT, NHS Sheffield, YAS and SCT to address specific issues.</p>		£1m	<p>Despite increased hours for additional medical and nursing time, increased patient flow champions, consultant weekend working in Acute and Elderly medicine and 24/7 therapy services performance levels fell below the local target of 98% in Q3. A position which has been replicated nationally. However Q4 performance to date has shown a significant improvement with the 4 week rolling performance at 98.6%.</p> <p>Capital Investment Team (CIT) have accepted an outline business case for the redevelopment of A+E to respond to the new A+E quality standards, increased attendances and the potential development of a trauma centre at the NGH site.</p>

	Consequence	Likelihood	Risk Score
Initial risk	4	4	16
Target Residual	4	2	8
Current Residual	4	4	16

RATIONALE FOR SETTING TARGET RESIDUAL SCORE

The assessment of residual risk is based upon reducing the likelihood of a failure to achieve the Local Target of 98% and the revised National Target of 95% of patients seen, treated, admitted or discharged within 4 hours. A failure to achieve the A&E standard would continue to have a high impact on the organisation as it has a significant consequence to the national, SHA and Monitor assurance frameworks, and also to the ability of surgical specialties to undertake planned elective work.

Title	Anticoagulation Therapy
Risk owner	Medical Director
DATIX ID	460
Date entered DATIX	18/12/06
CQC Outcome(s)	Outcome 9: Management of medicines

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
<p>Failure to adequately prescribe and monitor inpatient anticoagulation therapy.</p> <p>Failure to communicate with other health agencies at point of discharge.</p> <p>Failure to manage 'bridging anticoagulation' safely in the perioperative period in patients on anticoagulant therapy undergoing invasive procedures.</p> <p>Failure to undertake risk assessment for venous thromboembolism, and to prescribe appropriate thromboprophylaxis, therefore putting patients at risk of hospital acquired thrombosis.</p>	<p>Key controls</p> <ul style="list-style-type: none"> • Clinical Lead for Anticoagulation • Anticoagulation Steering Group • Multidisciplinary discharge record • STHFT Anticoagulation module of trainee doctors mandatory induction • NPSA Safety Alert • Perioperative anticoagulation guideline available • VTE risk assessment documentation available 		TBC	<ul style="list-style-type: none"> • Anticoagulation Steering Group established and meeting monthly. • Additional Consultant Haematologist with anticoagulation role based at NGH • Anticoagulant nurse led inpatient pilot started RHH (O floor, Q floor, P3) Jan 2011- initially for 3 months. • Audit of inpatient anticoagulation started Jan 2011, to compare to anticoagulation managed as part of inpatient nurse- led pilot • 6 month nurse secondment to pilot bridging anticoagulation completed December 2010. This revealed risks in inpatient anticoagulation management, but also a saving in bed-days for those discharged to anticoagulation clinic management, when medically suitable for discharge. • Drug prescription chart is being reviewed in an attempt to reduce prescribing errors in inpatient bridging anticoagulation. • Implementation group established • Thrombosis committee re-established and meeting monthly • TEG approved 2 x Anticoagulation Lead Pharmacists: both now in post • Compliance with risk assessment improved from <5% to >70% April – Dec 2010 • Risk assessment documents reviewed in line with DoH 'national tool'

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
	Action <ul style="list-style-type: none"> • Anticoagulation Pharmacists in Assessment Units • Participation in Patient Safety First Campaign 	Aug 2010 ongoing	£100k TBC	<ul style="list-style-type: none"> • Patient Safety First Campaign – Anticoagulation workstream underway

	Consequence	Likelihood	Risk Score
Initial risk	5	3	15
<u>Target Residual</u>	5	1	5
<u>Current Residual</u>	5	3	15

RATIONALE FOR SETTING TARGET RESIDUAL SCORE

The prescription and monitoring of anticoagulation is recognised as a high risk process in all healthcare systems. It is anticipated that current developments at STH will significantly reduce this risk, and audit systems are being established to track the success of ongoing initiatives.

Title	Hospital Acquired Infection
Risk owner	Chief Nurse
DATIX ID	458
Date entered DATIX	18/12/06
CQC Outcome(s)	Outcome 8: Cleanliness and infection control

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
Sub risks: <ul style="list-style-type: none"> • Direct risk of morbidity/mortality to patients and staff • Risk of adverse Inspection and Regulatory Body reports • Failure to meet performance targets • Potential for complaint and/or litigation • Impact on business continuity • Reputational risks – negative publicity and loss of public confidence to services • Disruption due to outbreak of infection 	Infection Control Programme Funded specialist IC posts Ward Accreditation Screening Cohort Ward Ward refurbishments Funded cleaning regimes Surveillance Root Cause Analyses and action plans Work with Governors Council, local media and HPA Care Quality Commission HCAI Norovirus action plan 2011.	Ongoing	£3m	Quarterly reports received. 2009/10 annual report completed. 2010/ 2011 Infection Control Programme is under way. In year performance remains on target for C.difficile. In year performance for MRSA Bacteraemias is now back on target A change has been made to the skin preparation used for inserting intravenous cannulae and for taking blood cultures. Unconditional registration with CQC. Unannounced visit from the CQC found the Trust to be compliant with all the standards assessed. A review of the management of norovirus at STHFT has taken place leading to some changes in the approach to norovirus in 2010/2011 including the use of a triage ward for patients identified in A&E as having or having been exposed to norovirus. Norovirus has not been as disruptive in 2011 as it was in 2010, probably due to a lower incidence in the community and so the new approach to managing norovirus in 2010 cannot be assumed to have been tested. The Trust is collecting and reporting information on Meticillin Sensitive Staph Aureus (MSSA) Bacteraemias and is expecting further information about mentoring e-Coli bacteraemias. The Trust has been informed of its Infection Control targets for 2011/2012 which are no more than 10 Trust Attributable MRSA Bacteraemias (target 13 in 2010/2011) and no more than 134 Trust Attributable cases of C.diff (target 304 in 2010/2011, end of year position likely to be 200). These targets are extremely challenging and will require a review of the Infection Control Programme.

	Consequence	Likelihood	Risk Score
Initial risk	5	5	25
<u>Target Residual</u>	5	3	15
<u>Current Residual</u>	5	3	15

RATIONALE FOR SETTING TARGET RESIDUAL SCORE

There are inherent risks in a healthcare setting of the transmission of infections. There is a high concentration of people who are susceptible to infection in an area where there is an increase prevalence of active pathogens. The **consequence** of the risk is unmodifiable i.e. it is rated as catastrophic because it could involve the death of a patient as a result of a hospital acquired infection. The **likelihood** to score remains at 3 possible, due to the inherent risks identified above.

Title	Midwifery Staffing
Risk owner	Chief Nurse
DATIX ID	464
Date entered DATIX	18/12/06
CQC Outcome(s)	Outcome 13: Staffing

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
<p>Combination of a rising birth rate and the impact of new guidance has led to a renewed issue with less than favourable staffing levels that could lead to a negative impact on clinical outcomes and a rise in complaints.</p> <p>Investment in community Midwifery is attached to achievement of CQUIN targets which may be challenging to achieve given that they will not commence in post in the community until December 2009.</p> <p>The new CQUIN targets continue to be challenging</p>	<p>Review of Midwifery Staffing in response to midwifery staffing guidance in <i>Maternity Matters</i></p>	<p>Completed</p>	<p>£966k</p>	<p><u>STH Midwifery</u> A bid has been submitted for consideration by both the specialist commissioners and NHS Sheffield for additional midwifery staff (6.00 wte) to support changes to the arrangements for Neonatology in the region, in particular, the preference to transfer in utero, therefore increasing the caseload and complexity in the maternity service at STH. Although this situation has not materialised yet,- An impact assessment is currently being carried out to assess the impact of opening more NICU cots in the future to support <27 week neonates.</p> <p><u>Local Supervising Authority Midwifery Officer Audit visit (LSAMO)</u> The LSAMO noted that in 2009/10 the midwife to mother ratio was 35 per 1000. She acknowledged that though this was satisfactory it was the minimum standard. It was not optional staffing for a tertiary unit with the casemix complexities for the type of unit.</p> <p><u>The supervisors of midwives (SOM)</u> numbers are still low though by September the ratio will be 1:15. This one of the two outlier units in Y&H as the SOM's at STHFT are not remunerated.</p> <p><u>Vacancies</u> Registered Nurses (RGNs) to work on the caesarean section ward following the Gynaecology reconfiguration. This pilot is working well. A further review has been done to identify the needs of the service and 4.43wte equivalent working 22hours per day will further support this scheme. With 1.60wte in post this leaves a shortfall of 2.83wte. The plan is to take staff from the redeployment pool to support this scheme. Though this scheme slightly reduces the midwife to birth ratio it enhances patient safety particularly at night as one of two midwives is not taken to labour ward to help at peak times.</p>

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
	CQUIN targets subject to continual review and additional actions will be taken to ensure achievement. CO monitors agreed by BPT. For use by Community Midwives.			<u>CQUIN</u> The Maternity CQUIN targets for 2010/2011 relate to the rate of women breastfeeding on discharge from the Jessop Wing and achieving smoking quits in pregnant women. Year to date performance suggests that for both these indicators the Trust will achieve a partial payment in recognition of some improvement but not sufficient improvement to achieve the full payment.
	Target existing sickness absence levels (excluding maternity leave)	Ongoing		<u>Sickness Rates</u> At end of February, short term sickness 3.43% Long term sickness 3.08% a total of 6.51%.

	Consequence	Likelihood	Risk Score
Initial risk	5	4	20
<u>Target Residual</u>	5	2	10
<u>Current Residual</u>	5	3	15

RATIONALE FOR SETTING TARGET RESIDUAL SCORE

Midwifery is a specialty with a high level of associated clinical risks associated with the complexity of dealing with pregnancy and labour. In addition, there are a number of societal issues which are increasing the level of complexity of maternity care such as rising average age of mothers, rising levels of substance abuse and maternal obesity.

The **consequence** of the risk is unmodifiable i.e. it is rated as catastrophic because it could involve the death of an infant or mother or both. The target **likelihood** is set at 2 <<unlikely>>, which would reflect that a catastrophic outcome should not occur if there are optimal numbers of appropriately skilled midwives in post.

Title	Delayed Transfers of Care
Risk owner	Director of Service Development
DATIX ID	555
Date entered DATIX	04/09/07
CQC Outcome(s)	Outcome 4: Care and welfare of people who use services and Outcome 6: Cooperating with other providers

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
<p>From the high point in 2007/08 the number of delayed transfers of care has reduced but remain at unacceptably high levels for the provision of acute care. This is associated with higher levels of inappropriate admissions from the unscheduled care systems in the City for whom the alternatives are not sufficiently developed and persistent delays in assessing and then executing a productive discharge. Despite many attempts to mitigate this situation the number of patients inappropriately occupying a hospital bed remains high evidenced by the Interqual audit (October 2010) and the Reference Cost analysis related to length of stay. This shows a potential problem/opportunity in a range between 130 to 170 beds. The risks associated with this position are both operational, financial and qualitative as set out below:</p> <p><u>Main risks</u> associated with this position are</p> <ul style="list-style-type: none"> inability to admit elective patients and the resultant 	<p>Many actions have been taken over the last 10 years to address this situation with only limited effect. This includes an expansion by the PCT of domiciliary Intermediate Care and several interventions to improve management across organisations.</p> <p>The planned Intermediate Care facility has not materialised and questions are now raised about the justification for expenditure of that scale when NHS estate elsewhere seems likely to reduce.</p> <p>Mitigation to date has largely been additional beds at times of pressure, sub-contracting elective activity to meet waiting time targets and small scale initiatives. The decision to transfer Community Services to the Trust and the potential of the Provider Services Board is a crucial opportunity to maximise the benefits of integration and solve the many systemic causes of this chronic problem.</p> <p>Financial pressure will provide an</p>	<p>New Unscheduled Care Programme initiated March 2011.</p> <p>Chief Officer/Chair Steering Group initiated March 2011.</p> <p>Quality care for Older People Group initiated October 2010.</p> <p>Solutions to close 4 additional wards in place by May 2011.</p>	TBC	<p>Through joint analysis of the causes of financial pressures the impact on all organisations and on individual patient care of inappropriate reliance on hospital there has been joint recognition that the current default situation is one of the largest operational and financial risks facing NHS services in Sheffield. This is also the case in other major cities. Consequently a city-wide steering group of Chairs and Chief Officers has been formed (Transforming Sheffield's Health Steering Group) which will sponsor a number of key programmes to bring about system change that will be radical and transformational.</p> <p>The first programme is related to Unscheduled Care. Within this programme the Trust will aim to reduce urgent admissions to those that are appropriate, reduce the length of stay to that consistent with acute care, assist with a review and overhaul of assessment processes, maximise the potential from the integration of community services with those in primary care and hospital care leading to a phased reduction in unscheduled care capacity within the Trust starting with 4 medical wards. This will require a major change process to re-balance the provision model whilst managing the complex financial consequences. A large and recognised risk exists in the reduced budget in 2011/12 facing the adult Social Services in Sheffield which is around £18M.</p> <p>The Clinical Super Summit on 15 March will aim to gain commitment across all sectors to this change programme which will require a higher degree of organisation in the primary/community care sector to increase capacity as hospital reliance diminishes.</p> <p>The Trust will face a problem/opportunity of re-using space as it becomes free in the RHH tower. Options include non-clinical rationalisation, clinical rationalisation including potentially WPH and SCH, non health use, diversification into the fee-paying acute market.</p>

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
<ul style="list-style-type: none"> failure to meet the 18 week trajectories for inpatients financial consequences of failing to meet elective targets Cost of providing services in hospital, opportunity cost to SPCT of excess bed day payments frustration of other improvement actions which will require adequate beds for increased activity poor experience by patients and carers <p>increased risk of acquired infection because of proximity to other acutely ill patients</p>	<p>impetus to pursue this joint work but will also introduce tensions as the impact of changed systems is realised. The changed Stoke Pathway demonstrates what can be done to improve care across a whole system but even this is now feeling the effect of the problems set out above.</p>	<p>GSM workstream within the Clinical Service Improvement Project formed September 2010.</p>		

	Consequence	Likelihood	Risk Score
Initial risk	5	5	25
<u>Target Residual</u>	5	2	10
<u>Current Residual</u>	5	3	15

RATIONALE FOR SETTING TARGET RESIDUAL SCORE

The current risk score is reflective of the improvements arising from improved intermediate care and reducing length of stay resulting from STH initiatives. The situation is however fragile and cannot cope with abnormal variation as demonstrated by the impact of the heavy snow followed by the flu epidemic. Recovery from these abnormal variations takes many weeks during which the elective activity becomes compromised.

Title	Care of patients with mental health needs in an acute setting
Risk owner	Medical Director
DATIX ID	819
Date entered DATIX	29/07/10
CQC Outcome(s)	Outcome 4: Care and welfare of people who use services and Outcome 6: Cooperating with other providers

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
<p>The Trust faces a number of risks associated with the care and treatment of patients with mental health needs who access acute services:</p> <ol style="list-style-type: none"> 1. Patients with mental health needs not being adequately assessed and appropriately cared for in a timely fashion. These patients consistently dominate analyses of 'long-waiters' in A & E. 2. Patients with challenging behaviour that may have a mental health origin present a risk of serious harm to themselves, other patients, visitors and staff. 	<p>Key controls in place</p> <ul style="list-style-type: none"> • SHSC/STHFT Mental Health Group • SHCS/STHFT CEO meetings • SHCS Mental Health Liaison Team in A&E • STH Security • SUI meetings • Mental Health Strategy • Mental Health Act • Mental Capacity Act Policy and Guidance 		Nil	<ul style="list-style-type: none"> • Provision of Mental Health Liaison teams in A & E extended to weekends from summer 2010. Discussions between SHSC and STH, aimed at developing proposals for long-term improvements in waiting times, continue. • SHSC/STH/SYP holding meetings to consider options for closer working arrangements. • Concerns about unacceptable delays in the transfer of patients from STH to a SHSC acute psychiatric bed continue: improving quality via contracting being explored.

	Consequence	Likelihood	Risk Score
Initial risk	3	5	15
Target Residual	2	2	4
Current Residual	3	5	15

RATIONALE FOR SETTING TARGET RESIDUAL SCORE

There is good evidence and guidance available nationally about how to address this issue which the Trust is working through locally with its partners to improve the services/arrangements locally.

Title	Management and Use of Clinical Records
Risk owner	Medical Director
DATIX ID	461
Date entered DATIX	18/12/06
CQC Outcome	Outcome 21: Records

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
Multiple sets of case notes. Site specific patient numbers	Patient Records Development Programme established to: <ul style="list-style-type: none"> • Implement a single patient number • Review options and if appropriate implement single PAS • Introduce Inter Professional Patient Record (IPPR) 	Summer 2011	£1.4m	<ul style="list-style-type: none"> • Programme funding approved by BPT in August 2008 and the business case for a single PAS approved in September 2009. • Plan for implementation of the single patient number approved by the Programme Board on 17th March 2009. NGH medical record libraries successfully re-numbered and most IT systems / interfaces updated during June 2009. Single STHFT patient number operational from July 2009. Renumbering of ICE system successfully implemented in February 2010. Plans for renumbering of CRIS / PACS ongoing. • The IPPR project commenced in May 2008 and was implemented in all departments as planned by July 2010. • A contract for the iSOFT PatientCentre was awarded in November 2009 and a project to implement PatientCentre was formally initiated in December 2009. A Project Team has been established and detailed plan created and maintained. PatientCentre went live in September at NGH (commencing with deployment in Orthopaedics in mid-September) and continues to be expected to go-live at the Central Campus in May 2011. A programme to complete implementation of PatientCentre at NGH and to roll-out bed management across the Trust will then be implemented. Key risks to a successful implementation at the Central Campus, including the potential impact on outpatient services and to contract monitoring / reporting continue to be actively managed.

	Consequence	Likelihood	Risk Score
Initial risk	4	5	20
Target Residual	4	1	4
Current Residual	4	3	12

RATIONALE FOR SETTING TARGET RESIDUAL SCORE

The residual score recognises the small risk that even with well-managed medical records systems, it can never be guaranteed that clinical records will always be available when needed, and never be misplaced or unavailable, in a large Acute Hospital.

Title	Inadequate investment in car parking provision
Risk owner	Director of Service Development
DATIX ID	260
Date entered DATIX	10/06/05
CQC Outcome(s)	Outcome 10: Safety and suitability of premises

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
<p>Inadequate transport and access systems including car parking provision across all 5 sites creates the risk of loss of referrals from poor patient experience and loss of staff through the absence of reasonable access facilities. The year-on-year growth in activity increases the risk exposure as does the increasing number of local providers entering the 'Free Choice' system. Failure to respond to these challenges raises the prospect of reputation damage, perpetuating a poor patient experience, an over-reliance on ambulance transport and a very real negative impact on the local environment surrounding the hospitals. There is no evidence that referrals are being lost in significant numbers but car parking remains high on the complaints analysis.</p>	<p>A Transport plan has been completed (January 2007) was in the process of being actioned but scarcity of capital resources has resulted in an alternative parking strategy. The planned multi-storey car park at NGH and Central Campus have been put on hold with an alternative surface provision at NGH. A car-parking management plan for the WPH car park has been introduced to good effect thereby mitigating the problems. A number of park and ride schemes, shared car use, enhanced shuttle bus use, cycling assistance schemes have been introduced which are more consistent with the Trust's sustainability plan.</p>	<p>NGH surface park in use by 30 September 2011.</p> <p>WPH arrangements in place but charging now imminent.</p>		<p>Progress was reported to the Board of Directors at its meeting in August 2008 where approval was given to the use of the accumulated surplus to facilitate progress. CIT approved the OBC for the NGH car-park at its September 2009 meeting and the FBC is now being completed. The FBC has been completed and is now frozen with no action being taken currently. The alternative of around 200 more surface parking including the land being developed for laboratories has now been approved by the Planning Committee, subject to conditions, and CIT has approved the work to be completed in phases which will be complete before 30 September 2011. Work on the Central Campus has been terminated because of the cost, the local opposition and the land covenants that would need to be changed. The management action at Weston Park has proved to be successful with thanks having been recorded from user groups. This would suggest delaying action on the WPH car park development which always carried a high cost and construction risks. Off site parking on roads around both campuses remains a high profile problem with local residents voicing their frustration to the Council. The proposed surface parking at NGH will ease this tension if approved but one of the planning conditions requires a financial contribution to residential car parking solutions if the on-road parking around the NGH persists. This is being resisted. The challenge of reducing the carbon footprint by 10% by 2015 remains and in that sense additional car parking is unhelpful</p>

	Consequence	Likelihood	Risk Score
Initial risk	4	4	16
<u>Target Residual</u>	2	2	4
<u>Current Residual</u>	3	4	12

RATIONALE FOR SETTING TARGET RESIDUAL SCORE

The risk is associated with potential damage to the patient experience which is a major quality measure for the future and likely to attract financial penalties if scoring low. There is also a risk of losing marginal choice patients who will elect to go elsewhere if parking does not improve but there is little evidence of this to date. Also the travel plan continues to be pursued which continues to improve alternatives to car use. The current assessment reflects the lack of major expansion and the on-road problems caused by staff/visitor parking. It is possible that the target residual will be met if the additional surface parking is introduced.

Title	Medicines Management
Risk owner	Medical Director
DATIX ID	114
Date entered DATIX	20/05/04
CQC Standard	Outcome 9: Management of Medicines

Description of Risk(s)	Mitigating action	Review date	Cost	Progress @ March 2011
Overall risk: Failure to deliver a standardised medicines management service across the Trust Sub risks (separately identified on DATIX):				
<ul style="list-style-type: none"> Inadequate provision of pharmacist and technician service to all wards. (Risks: prescribing errors not identified/corrected, no patient education and no development of medicines management. DATIX 662) 	Successful recruitment of pharmacists and technicians (vacant posts)	Aug 2011	Nil	No change to number of wards covered as no change in pharmacist numbers. 7x band 6 replacement pharmacists authorised and recruited to start summer 2011. 2x band 8a pharmacists authorised and interviews pending. Additional technicians and one additional pharmacist included in the 2011/12 business plan.
<ul style="list-style-type: none"> Medicines reconciliation to ensure continuity on admission, transfer and discharge. (Risks: wrong/omitted medicines or inappropriate dose/duration. DATIX 663) 	Successful recruitment of pharmacists and technicians (vacant posts) within PAD Team. Pharmacists to see new admissions during evenings and at weekends.	April 2011	£250k	Since May 2010 pharmacists have tried to undertake medicine reconciliation during evenings and weekends, but workload in the dispensary at NGH has often prevented this. Audit report in August 2010 showed that 80% patients received medicine reconciliation (compared with 78.7% in November 2009 and 67.5% in January 2009). 2x band 8a pharmacists for NGH authorised and interviews pending. Additional technicians and one additional pharmacist included in the 2011/12 business plan.
<ul style="list-style-type: none"> Dispensing for discharge. (Risks: Duplicated doses, discharge with missing items /instructions, duplicated dispensing and inefficiencies through inadequate re-use of PODs. DATIX 664) 	Successful recruitment of pharmacists and technicians (vacant posts) Training package Sign off electronic learning package.	June 2011		Electronic training package completed & available on ESR. Further roll-out to medicine started. Policy due review.

Description of Risk(s)	Mitigating action	Review date	Cost	Progress @ March 2011
<ul style="list-style-type: none"> Self administration. (Risk: Inappropriate continuation and dosing due to inadequate assessment of PODs with consequential risk of increased length of stay or re-admission. DATIX 665) 	As per Dispensing for Discharge	June 2011	£4,620	Progress dependent on full implementation of Dispensing for Discharge. Development of elearning module underway. . Additional driver from Think Glucose campaign. Multidisciplinary research grant to assist with implementation of self medication rejected. Policy under review.
<ul style="list-style-type: none"> Inadequate drug budget control (Risk of reduced formulary control and prolonged continuation of medicines. DATIX 667) 	As per Inadequate provision of pharmacist and technician service to all wards.	Aug 2011	TBC	7x band 6 replacement pharmacists authorised and recruited to start summer 2011. 2x band 8a pharmacists authorised and interviews pending. Additional pharmacist included in the 2011/12 business plan. Plan to establish funding for further pharmacists with new clinical developments.
<ul style="list-style-type: none"> Compliance aids (Risk of delayed discharge and poor patient experience. Datix 669) 	City-wide criteria and protocol to be agreed by STHFT, PCT and Sheffield Council.	April 2011	£100k	City-wide criteria and protocol has been agreed between STHFT, PCT and Sheffield Council. Further review required following pilot in October.
<ul style="list-style-type: none"> Delayed TTOs (Risk of delayed discharge and poor patient experience. Datix 668) 	Submission of IT Strategy to CIT including option appraisal. Full business case to CIT.	June 2011	Included in IT strategy t.b.c.	Plan agreed to adopt Anglia ICE to produce Discharge Letters in 2011/12. Acknowledged that this alone will not reduce delays. Once Patient Centre implemented pharmacy team will proactively chase TTOs.
<ul style="list-style-type: none"> No back-up aseptic service (risk of delayed high risk injectables to patient and failure to comply with NPSA alert 20. Datix 708) 	Option appraisal of back-up air plant versus back-up unit. Submission of business case to CIT.	April 2011	t.b.c.	Isolator hatches connected to generator so work can continue in electrical failure, but risk of mechanical failure remains. Included in Pharmacy's Capital Plan 2011/12. Risk assessments have been reviewed to support business case.
<ul style="list-style-type: none"> Cytotoxic unit not on essential electricity supply (risk of lack of provision of chemotherapy. DATIX 803) 	Full risk assessment, option appraisal and business case if required.	April 2011	t.b.c.	Only identified as a consequence of recent Blackstart meeting with Estates at WPH. Included in Pharmacy's Capital Plan 2011/12.
<ul style="list-style-type: none"> Lack of robust out of hours medical gas cover (risk of medical gas failure out of hours. DATIX 844) 	Identify staff to work out-of hours, give notice of change of terms and conditions, train staff and implement rota.	April 2011	<£5k/yr t.b.c. by HR	Staff identified and given notice. Training organised. Implementation of rota delayed until April 2011.
<ul style="list-style-type: none"> Old / obsolete walk-in fridge storage in pharmacy NGH (risk of loss of stock worth £1M. Datix 798) 	Support from CIT to replace fridge	April 2011	£30k	Approval given by CIT in February 2011 for replacement and upgrade of cold store subject to work being completed within agreed cost envelope.

Description of Risk(s)	Mitigating action	Review date	Cost	Progress @ March 2011
<ul style="list-style-type: none"> Old / obsolete walk-in fridge storage in pharmacy RHH (risk of loss of stock worth £200K. Datix 880) 	Support from CIT to replace fridge	April 2011	t.b.c.	Approval for replacement given by CIT in February 2011.
<ul style="list-style-type: none"> Preparation of insulin syringes in clinical areas (risk of incorrect dosing. Datix 879) 	Availability of pre-filled syringes from external supplier	April 2011	nil	Remaining stock restricted to critical care areas. Written procedure disseminated to clinical areas required to make it up to ensure patient safety and maintain compliance with NPSA Alert 20. Supplies have started to come in and expected to be back to normal by April 2011.

	Consequence	Likelihood	Risk Score
Initial risk	4	5	20
<u>Target Residual</u>	4	2	8
<u>Current Residual</u>	4	3	12

RATIONALE FOR SETTING TARGET RESIDUAL SCORE

Whilst the likelihood of an untoward incident can be reduced by increasing pharmacy staffing, improving medicines management, and training of medical and nursing staff, the inherent risks associated with the use of medicines in a large Acute Hospital can never be eliminated completely.

Title	Excessive Medical Outliers
Risk owner	Medical Director
DATIX ID	67
Date entered DATIX	Re-entered 17/02/10
CQC Outcome(s)	Outcome 4: Care and welfare of people who use services

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
<ul style="list-style-type: none"> ▪ Clinical risk – compromised quality of care and safety for outlying patients ▪ Poorer outcome and quality of patient experience ▪ Increased length of stay and consequent impact on costs ▪ Impact on activity and targets from cancellation of elective admissions 	<p>For excessive medical outliers:</p> <ul style="list-style-type: none"> ▪ bed management ▪ cohorting outliers on wards ▪ ward based working ▪ increased weekend Consultant discharge rounds in all medical specialties commencing 12th April 2010, outlying medical patients will be cared for by subspecialty team appropriate to their presenting complaint. ▪ active monitoring by Medical Director and Chief Operating Officer <p>Opening of third MAU, appointment of 4 Acute Physicians and triaging of patients to appropriate medical specialty within first 24 hours of admission.</p>	<p>NA</p> <p>December 2009</p>	<p>NA</p> <p>NA</p>	<p>The third MAU and appointment of Acute Physicians were delivered as planned in December 2009. Indications are that new triage arrangements are successfully allocating patients to the most appropriate specialty early in their admission. The surgical assessment unit opened at the NGH campus in October 2010. Delayed transfers of care remain a significant problem, and are currently 60-100/week. This has contributed to outlier numbers, which have averaged 64 over the last 2 months. An escalation plan for the management of medical outliers has been agreed with Medical Specialties, and requires that ward-based working replaces 'keep your own patients' when outlier numbers exceed 50 for three consecutive days, or when there is a sudden and unexpected increase in outliers on a single day.</p> <p>Further investments have been made in the infrastructure with Geriatric and Stroke Medicine, additional consultants, additional capacity and weekend therapy services which has resulted in good performance. The Stroke pathway is now embedded at the central campus, and February 2011 data demonstrate that 94% of stroke patients spent >90% of their admission in dedicated stroke facilities.</p> <p>To mitigate against the impact of Norovirus over this winter, a Norovirus escalation policy has been agreed, and entails the establishment of a dedicated cohorting ward on Robert Hadfield 2 when a threshold number of Norovirus cases is reached.</p> <p>Plans are being drawn up for the introduction of 'Hospital at Night' at the Northern General Campus, with a target start date of August 2011. Evidence from RHH, where this system was introduced in December 2010, and from other Trusts, demonstrates that H @ N improves triaging of patients, targets appropriately-trained staff to sick patients, and improves efficiency of patient management both in and out of working hours.</p>

	Consequence	Likelihood	Risk Score
Initial risk	4	4	16
<u>Target Residual</u>	4	2	8
<u>Current Residual</u>	4	3	12

RATIONALE FOR SETTING TARGET RESIDUAL SCORE

It is never possible to guarantee that no medical patients will need to outlie to non-medical wards. Some risk will therefore always remain, even if outlying of medical patients occurs only rarely.

Title	Safety and Suitability of premises
Risk owner	Director of Estate Management
DATIX ID	796
Date entered DATIX	01/03/10
CQC Outcome(s)	Outcome 10: Safety and suitability of premises

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
<p>Failure to effectively maintain and invest in the estate in accordance with Statutory and Regulatory requirements NHS standards and best value.</p> <p>System failure as a result of inability to inspect the fixed electrical wiring system inline with current legislation standard of every 5 years.</p> <p>System failure as a result of inability to access inspect and service the ventilation and heating systems in place in order to perform essential maintenance</p> <p>System failure as a result of inability to access assess inspect and certify the medical gas pipeline system as required by legislation and NHS Healthcare Technical Memorandums (HTM's)</p> <p>Fire prevention systems fail as a result of Inability to upgrade and assess condition of existing fire compartmentalisation and fire detection systems</p>	<p>Essential planned maintenance programme has been affected by bed pressures. Essential maintenance programme has been carried out largely on an opportunistic basis to date. Some slippage has occurred.</p> <p>The Trust has a refurbishment programme the output from which provide facilities and premises in condition A.</p> <p>During ward or department refurbishment the infrastructure is considered and action taken to address concerns as part of the Trust's Capital program.</p> <p>Develop and implement maintenance strategy/policy, using a risk/best value based methodology.</p>	On going		<p>Potential issues identified through Trust Risk Management Processes.</p> <p>Essential Maintenance Program agreed by TEG.(10/11)</p> <p>Investment increased in both estates revenue budget and capital infrastructure programme as follows:</p> <ul style="list-style-type: none"> • A Trust maintenance strategy has been completed. A gap analysis has been completed and identified as a cost pressure in December 2009. Essential Maintenance Program agreed and funded by TEG, has reduced this gap and risk. Long term commitment to continue the programme assure • Capital budget increased to £3.5M (11/12) to resolve high risk infrastructure issues. • The refurbishment of wards and other clinical areas continues • Essential Maintenance Program to be agreed for (11/12)

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
<p>Décor in the area becomes dated and is not in keeping with the rest of the estates resulting in patient complaints and reduction in PEAT score.</p> <p>Non compliance with the CQC outcomes for safety and suitability of premises.</p> <p>Impact on quality of the patient experience /outcome</p> <p>Potential for Complaints or Litigation / Claims</p> <p>Potential for Compliance / Inspection / Audit.</p> <p>Damage to reputation or adverse publicity.</p> <p>Potential for prosecution of Directors under H&S Offences Act and Corporate Manslaughter Acts.</p>	<p>High risk infrastructure issues identified to CIT.</p> <p>High risk issue are identified on the Trust risk register.</p> <p>Significant changes and/or new high risk are brought to TEG's attention</p>			<ul style="list-style-type: none"> Essential Maintenance programme agreed and financed. Programme of work scheduled to begin 29 March 2010 at the Central Campus with Ward J1. Ward Firth 3 will commence on May 10th at the Northern Campus. <p>The current plan is to do 11 wards (4 @ NGH & 7 @ RHH)</p> <p><u>NGH</u></p> <ul style="list-style-type: none"> Firth 3 Completed Brearley 2 Brearley 5 Completed Huntsman 4 Completed Huntsman 2 underway <p><u>RHH</u></p> <ul style="list-style-type: none"> J1 Completed H2 Completed Q3 Completed Q4 Completed Q1 Completed P1 Completed

	Consequence	Likelihood	Risk Score
Initial risk	4	4	16
Target Residual	4	1	4
Current Residual	4	3	12

RATIONALE FOR TARGET RESIDUAL RISK SCORE

In relation to the Essential Maintenance Programme (EMP) the programme has been designed financed and agreed. Work has started at both the Central Campus and the Northern Campus. Because the process has started the current risk can be reduced as the likelihood will diminish with progress. This is now reflected in the commentary above. With the continuation of funding and the release of clinical areas there are no reasons to suspect that the target residual risk will not be reached within the projected essential maintenance programme, the first cycle to be completed by 2015.

Title	Asbestos Management
Risk owner	Director of Estates
DATIX ID	736
Date entered DATIX	27 August 2009
CQC Outcome(s)	Outcome 10: Safety and suitability of premises

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
<ul style="list-style-type: none"> Lack of funding to be able to Decontaminate/remove identified sources of Asbestos Containing Materials (ACM's) from the Estate at various locations. Assigned funding may not be used due to restrictions on spending of monies identified as capital on cleaning up existing infrastructure of Estate. Areas of the Estate cannot be used to their full potential because of the certain exposure to ACM's Essential plant is not being maintained inline with PPM strategy In the case of a need for emergency access to an area identified as containing ACM's delays would be caused by the need to ensure appropriate safety precautions are in place 	<ul style="list-style-type: none"> Decontamination / Removal of ACM's is done as part of a capital project following the relevant survey Areas are prioritised based on amount and type of asbestos frequency of access required Permit to enter system in place with agreed use of PPE and RPE Competent contractor appointed to identify and prioritise areas which need action Costing for removal of ACM's obtained and provided to Healthcare Governance Department 	2016	603K	<ul style="list-style-type: none"> Risk identified and assessed entered onto Datix August 2009. September 2009 Health and Safety Executive visit Trust and examine management arrangements for asbestos. Trust faces possibility of Improvement notice if suitable and sufficient action plan not developed within short timescale. Action plan completed and submitted to HSE in time to prevent enforcement action content of action plan agreed with Patient Healthcare Governance department. Top ten priorities identified costing obtained for containment and abatement of asbestos containing materials and paper provided to Trust Executive Group November 2009. Decision made to centralise all asbestos records on MICAD system Asbestos consultancy commissioned to transfer and format the information. Paper provided to HCGC March 2010 with current issues and areas of concern identified. April 2010 funding provided for 2010/11 financial year to address priority areas of concern. 2010 funding used removing asbestos containing materials from top 2 priority areas identified in paper to March Healthcare Governance Committee. Asbestos Surveys continue on properties which Sheffield Teaching Hospitals NHS Foundation Trust are identified as Duty Holder. Priority established using Risk Management Principles and HSG 264 Asbestos Consultancy out to tender. Returns mid-June 2010 The asbestos contract has been awarded to the Broadland Group Ltd following the success tender process. Broadland-Group a local company from Chesterfield has been awarded the contract with effect of November 1st 2010. The contract will run for 5 years.

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
				<ul style="list-style-type: none"> The asbestos contract has been awarded to the Broadland Group Ltd following the success tender process. Broadland-Group a local company from Chesterfield has been awarded the contract with effect of November 1st 2010. The contract will run for 5 years. Priority areas for asbestos abatement work have been identified and prioritised for the 2011/12 financial year and subject to funding being made available again will be progressed. These and other high risk areas will be re-inspected during the 2011/12 year, proactive air monitoring will be taken and the effectiveness of the current control measures assessed. MiCAD Lite and the Trust Intranet Property Register have been updated to reflect the current information held by the Trust relating to asbestos management. The Asbestos Register and Asbestos Management plan will continue to be updated on an ongoing basis. Situation continues to be monitored areas known or suspected to contain ACM's are assessed prior to access. All areas which are part of the essential maintenance program have a refurbishment and demolition asbestos survey prior to commencement of work. The introduction of HSG 264 as a replacement to MDHS 100 now requires that any area which is having an asbestos survey must be vacated prior to the work starting. This can cause delays and reduces timescales in the EMP if not effectively managed. Paper prepared for the HCGC March 2011 with current issues and areas of concern identified.

	Consequence	Likelihood	Risk Score
Initial risk	4	5	20
Target Residual	4	1	4
Current Residual	4	3	12

RATIONALE FOR SETTING TARGET RESIDUAL SCORE

Progress has been made against the original assessment with the migration of information onto one database the continual assessment of areas of the Trust during capital schemes and planned asbestos surveys. The results of these surveys will be available to all staff and to contractors. Funding has been provided for the 2010/11 financial to address those areas of concern identified in TEG & HCGC reports. With the continuation of funding for the 2011/12 year and onwards there are no reasons to suspect that the target will not be reached within the projected six year asbestos management plan.

Title	Influenza Pandemic
Risk owner	Chief Nurse / Chief Operating Officer
DATIX ID	592
Date entered DATIX	25/03/08
CQC Outcome(s)	Outcome 4: Care and welfare of people who use services and Outcome 6: Cooperating with other providers

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
Major impact on Trust business caused by increased demand from high level of admissions and increased morbidity (possibly mortality) compounded by parallel impact on capacity due to high level of staff/carer absence and disruption to supply of goods and services.	Key controls: <ul style="list-style-type: none"> • Pandemic Influenza Plan • Major Incident Communications Strategy • Influenza Pandemic Planning Project Manager • Influenza Pandemic Operational Planning Team • Influenza Pandemic Steering Group • Respond to local and national guidance as it develops and changes • Review the management of the swine flu pandemic and amend STH Pandemic Influenza plan. 	Current	TBC ; £50k of FFP3 masks are currently available for use in the 2010/2011 flu season	<p>During January 2011 the Trust experienced a significant increase in the number of general, and critical care admissions as a result of flu, or flu like illness.</p> <p>In confirmed cases the dominant strain of flu was H1N1 with a lower number of patients confirmed as flu B. During this outbreak the Trust implemented its influenza plans and introduced cohort facilities at NGH and a flu ward at RHH to manage the situation.</p> <p>Overall arrangements worked well, and normal working was maintained in most areas. There are some points of learning to consider which may improve the management of future outbreaks and these will be taken forward by the influenza operational planning team.</p>

	Consequence	Likelihood	Risk Score
Initial risk	5	5	25
Target Residual	3	4	12
Current Residual	3	4	12

RATIONALE FOR SETTING TARGET RESIDUAL SCORE

Likelihood: Pandemic flu is known to occur irregularly, with about three influenza pandemics in each century for the last 300 years. However, given that the outbreak of Influenza A/H1N1 (Swine Flu) in 2009 was declared a pandemic and that pandemics often have 3 or 4 waves, there remains a high probability of a further wave during the winter 2010/2011.

Consequence: The risk that pandemic flu poses to the Trust is that it compromises the Trust ability to deliver its objectives. This is due to the increase in workload whilst simultaneously reducing its workforce due to absence related to staff sickness and the need to provide domiciliary care. It is thought that this would manifest itself as a loss of service in a number of critical areas such as outpatients and would restrict normal working and this may see non emergency work cancelled.

Title	Failure to maintain financial balance in 2010/11
Risk owner	Director of Finance
DATIX ID	685
Date entered DATIX	17.3.09
CQC Outcome(s)	Not applicable (Regulated by Monitor)

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
Failure to deliver necessary Productivity and Efficiency requirements.	Drive Service Improvement P&E Programme and ensure production and delivery of P&E plans/targets (particular focus on ensuring that Programme plans and Directorate plans are consistent and performance managed).	Ongoing	£1.0 million	Final Financial and P&E plans showed a balanced position but many risks regarding delivery. Service Improvement work continues through the 3 Programmes and much better reflection in Directorate plans. Month 10 shows a £4.3m under delivery of P&E against Directorate plans.
Directorates failing to address underlying deficits, control costs and/or deliver income targets	New Performance Management Framework processes to ensure that Directorates address underlying budget deficits and achieve financial balance.	Ongoing	Nil	Funding provided in 2010/11 Financial Plan and indirect investments to help to "set up to succeed". Month 10 position is unsatisfactory for numerous Directorates and Performance Management Framework processes have commenced. Mid-year reviews have been undertaken and Control Totals set for all Directorates.
Income losses relating to Out-Patient Follow-ups, Emergencies, re-admissions, CQUIN funding, fines or activity under-performance.	Risk mitigation arrangements for CQUIN/Fines in contract settlement, CQUIN target requirements being assessed and arrangements put in place. Normal activity/performance monitoring arrangements in place.	Ongoing	£400k for CQUIN	On-going work to ensure CQUIN delivery/Fines avoidance. Still some risks. Settlement of Quarter 1 and 2 income challenges has now been agreed and a year-end settlement agreed which incorporates Quarters 3 and 4 and other issues. Activity generally satisfactory but under performance on elective and major loss on over-performance on out-patient follow-ups and marginal emergency tariff. Relatively little impact from PCT action to reduce referrals due to late implementation and limited effect.
Uncertainty over financial consequences of reconfiguration.	Parameters clear and planning work continues.	Dec 2010	Significant capital investment	Implemented. Significant capital costs but no revenue pressures identified to-date. Appears to have been minimal disruption but on-going monitoring of outcomes.

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
Other unforeseen costs/operational pressures	Rigorous review and prioritisation of potential cost pressures, investments, etc to ensure unavoidable and value of money.	Ongoing	Nil	Tight control and any approvals seen in the context of the 2010/11 Financial Plan and in-year position plus the 2011/12 financial challenges. VAT change has increased non-pay costs from January 2011. Contingencies more than adequate.

	Consequence	Likelihood	Risk Score
Initial risk	5	4	20
<u>Target Residual</u>	5	1	5
<u>Current Residual</u>	5	2	10

RATIONALE FOR SETTING TARGET RESIDUAL SCORE

A failure to achieve financial balance would be serious from both a financial and reputational perspective. The potential to lead to a loss of confidence in, and commitment to, delivering future financial balance is also a major factor. The target consequence position, therefore, would remain 5.

The target likelihood position of 1 would reflect a position of high confidence that financial balance would be achieved based on in-year results.

Title	Transforming Community Services
Risk owner	Corporate Development Director
DATIX ID	848
Date entered DATIX	14/10/10
CQC Outcome(s)	Outcome 6: Cooperating with other providers

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
<p>The Trust faces a number of risks associated with the TCS:</p> <p><u>Project risks:</u></p> <ol style="list-style-type: none"> 1. Organisational capacity to complete requisite assessments and provide assurance to inform Board decision by December 2010 (in accordance with agreed project timetable). 2. Immature partnership arrangements with GP commissioners (accountability but limited responsibility) 3. Reputational risks – asset stripping community services, STH too big etc 4. Financial risk i.e. cost of due diligence (£30k +) and reputational risk of cost if project does not proceed 5. Industrial relations issues arising from transfer of community services 	<p>Key controls in place</p> <ul style="list-style-type: none"> • Compliance with Monitor guidance: <ul style="list-style-type: none"> ○ REID (Risk Evaluation in Decision Making) Guidance ○ Transforming Community Services Transaction Guidance for NHS FTs • Due diligence process • Provider Partnership Board • Investment Committee • Communications strategy and proactive / responsive approach to scenario planning and intelligence gathering • Staff engagement strategy • TEG / Board oversight • TUPE uncontested 	15/12/10 BoD mtg	£100k +	All of the project risks have been mitigated. The Board of Directors established an Investment Committee (IC) in line with Monitor guidance. The IC oversaw the due diligence and business case development. The FBC, Finance Plan and Business Transfer Agreement (BTA) were approved by the Board on 16 February 2011.
<p><u>Service risks</u> (i.e. generic risks of transferring services to STH during transition period and beyond)</p> <ol style="list-style-type: none"> 1. Managing numerous complex workstreams to successfully deliver a plan for the transfer and integration of community services by October 2011. 	<ol style="list-style-type: none"> a. Investment Committee b. Service Transition Team with clear management arrangements approved for transitional phase c. Monitor, CQC and NHSLA guidance 			

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011—
<u>Service risks (cont)</u> 2. Uncertainty surrounding longer-term future given limitations of 3-year contract and managing impact of national organisational changes. 3. Managing expectation of patients, staff and commissioners to “transform” Community Services and managing change process especially if improvement does not match expected pace of change. 4. Financial risks i.e. managing transfer and integration within existing budgetary envelope in the face of financial constraints and reconciling pressures re block contract and payment by results.	See above			

	Consequence	Likelihood	Risk Score
Initial risk	5	3	15
<u>Target Residual</u>	3	2	6
<u>Current Residual</u>	3	3	9

RATIONALE FOR SETTING TARGET RESIDUAL SCORE

The Target Residual Risk has been rescored following Board approval for transferring community services. The current risk will be mitigated by reducing the likelihood via tight control of risks by the Service Transition Team over the transitional phase. The risk will be reassessed as part of the development of proposals for 1st October onwards.

Title	Care of Older People (Draft)
Risk owner	Chief Nurse/Chief Operating Officer
DATIX ID	tbc
Date entered DATIX	tbc
CQC Outcome(s)	All

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
There are a number of separate sub-risks of care of older people many of which are complex and inter-related/inter-dependent:				
1. Failure to deliver high quality care for older people (irrespective of whether they are being appropriately cared for in an acute setting) focusing upon known areas of high risk to older people i.e. stroke care, falls prevention and orthogeriatric liaison, pressure area care, infection control, continence care, nutrition, pain management, medicines management, mental health issues (including dementia) and end-of-life care.	<ul style="list-style-type: none"> Care of Older Peoples Group work programme Ongoing work to improve quality and safety of care e.g. Stroke Group, Dementia Strategy Group, Nutrition Steering Group Patient Safety First, Sheffield Adult Safeguarding Partnership, Audit programme – participation in national audits for Stroke, Falls, Hip Fracture, Continence Care and Dementia, audits against NICE guidance and relevant local audits 	tbc	tbc	<ul style="list-style-type: none"> Care of Older Peoples Group reformed from STH NSF for Older People Task Group. COP Group will provide organisational focus to drive quality standards and achieve outcomes and provide a multidisciplinary forum for work in the Trust and with partner organisations across local health and social care economy. Terms of Reference accepted by Healthcare Governance Committee in March 2011. Implementation of MUST, protected mealtimes captured in CAT Development of Safeguarding Strategy Development of Patient Experience Report Local dementia strategy (taking lead from National Dementia Strategy). Local dementia audit completed

Description of Risk(s)	Mitigating action	Date due	Cost	Progress @ March 2011
<p>2. Caring for older people in an inappropriate care setting focusing upon the risk that some older people are inappropriately admitted to and cared for in an acute setting and/or face delayed discharge to a more appropriate care setting such as intermediate or continuing care.</p>	<ul style="list-style-type: none"> • City-wide Unscheduled Care Programme as part of Sheffield Service Transformation Programme • Quality Care for Older Adults • Redesign care pathways • Reduce inappropriate admissions • Development of safe alternative services in community and primary care • More effective and timely discharge • Improved use of data 			<ul style="list-style-type: none"> • Appointment of Programme Director for Unscheduled Care Programme • GP Assessment Unit opened • Re-design of assessment process for continuing healthcare • Review of discharge processes for STH and partner organisations • Increased health and social care provision including Home of Choice and health and social care beds • TCS and establishment of Community Services Care Group – development of Service Transformation Plan by end September 2011 • STH Geriatric and Stroke Medicine to redesign care pathways to complement Quality Care for Older People Programme in partnership with NHSS and Sheffield Social Services • Interqual audits, Dr Foster, Emergency Care Intensive Support Team data
<p>3. Operational inefficiencies focusing on</p>				
<p>a. the impact of inappropriate admissions and delayed discharge on waiting times and cancellation of elective work with consequential impact (potential and realised) on regulatory compliance, performance and reputation.</p>	<ul style="list-style-type: none"> • As for 2 above i.e. admission avoidance and reduced length of stay via improved discharge to more appropriate setting • Winter Planning 			<p>As for 2 above</p>
<p>b. the higher cost of providing care inappropriately in an acute setting compared to intermediate or continuing care</p>	<ul style="list-style-type: none"> • As for 2 above i.e. admission avoidance and reduced length of stay via improved discharge to more appropriate setting 			<p>As for 2 above</p>

<p>4. Ineffective monitoring of ongoing CQC compliance with relevant CQC essential standards of quality and safety focusing on the risk of undeclared non-compliance with relevant CQC essential standards of quality and safety (including Equality and Human Rights)</p>	<ul style="list-style-type: none"> • STH CQC Compliance Framework. • STH Provider Compliance Assessments (under development) • Age Equality in Health and Social Care Audit 			<ul style="list-style-type: none"> • CQC Inspection – dignity and nutrition for older people. STH visit (23/03/11). Awaiting report. • Internal Audit conducting review of CQC compliance • Discussions underway to participate in Age Equality in Health and Social Care Audit
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	Consequence	Likelihood	Risk Score
Initial risk			tbc
<u>Target Residual</u>			tbc
<u>Current Residual</u>			tbc

RATIONALE FOR SETTING TARGET RESIDUAL SCORE

To be confirmed.

Care Quality Commission: Essential Standards of Quality and Safety (December 2009)

Involvement and information	
Outcome 1	Respecting and involving people who use services
Outcome 2	Consent to care and treatment
Outcome 3	Fees
Personalised care, treatment and support	
Outcome 4	Care and welfare of people who use services
Outcome 5	Meeting nutritional needs
Outcome 6	Cooperating with other providers
Safeguarding and safety	
Outcome 7	Safeguarding people who use services from abuse
Outcome 8	Cleanliness and infection control
Outcome 9	Management of medicines
Outcome 10	Safety and suitability of premises
Outcome 11	Safety, availability and suitability of equipment
Suitability of staffing	
Outcome 12	Requirements relating to workers
Outcome 13	Staffing
Outcome 14	Supporting workers
Quality and management	
Outcome 15	Statement of purpose
Outcome 16	Assessing and monitoring the quality of service provision
Outcome 17	Complaints
Outcome 18	Notification of death of a person who uses the services
Outcome 19	Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983
Outcome 20	Notification of other incidents
Outcome 21	Records
Suitability of management	
Outcome 22	Requirements where the service provider is an individual or partnership
Outcome 23	Requirements where the service provider is a body other than a partnership
Outcome 24	Requirements relating to registered managers
Outcome 25	Registered person: training
Outcome 26	Financial position
Outcome 27	Notifications – notice of absence
Outcome 28	Notifications – notice of changes

Measures of Consequence

Domain	Consequence Score and Descriptor				
	1	2	3	4	5
	Insignificant	Minor	Moderate	Major	Catastrophic
Injury or Harm Physical or Psychological	No / minimal injury requiring no / minimal intervention or treatment No time off work required	Minor injury or illness, requiring intervention Requiring time off work for < 4 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring intervention Requiring time off work for 4 -14 days Increase in length of hospital stay by 4 -14 days RIDDOR / agency reportable incident	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >14 days	Incident leading to death Multiple permanent injuries or irreversible health effects
Quality of the Patient Experience / Outcome	Unsatisfactory patient experience not directly related to the delivery of clinical care	Unsatisfactory patient experience directly related to clinical care – readily resolvable	Mismanagement of patient care, short term effects < 7 days	Mismanagement of patient care, long term effects >7 days	Totally unsatisfactory patient outcome or experience
Statutory	Coroners verdict of natural causes, accidental death, open No or minimal impact of statutory guidance	Coroners verdict of misadventure Breach of statutory legislation	Police investigation. Prosecution resulting in fine >£50k Issue of a statutory notice	Coroners verdict of neglect/system neglect Prosecution resulting in fine >£500k	Coroners verdict of unlawful killing Criminal prosecution (incl Corporate manslaughter) > imprisonment of Director/ Executive
Business/ Finance & Service Continuity	Minor loss of non-critical service Financial loss <£10K	Service loss in a number of non-critical areas <2 hours or 1 area or <6 hours Financial loss £10 - 50k	Loss of services in any critical area Financial loss £50 - 500k	Extended loss of essential service in more than one critical area Financial loss £500k to £1m	Loss of multiple essential services in critical areas Financial loss > £1 m
Potential for Complaint or Litigation / Claims	Unlikely to cause complaint or litigation	Complaint possible Litigation unlikely Claim(s) < £10k	Complaint expected Litigation possible but not certain Claim(s) £10-100k	Multiple complaints / Ombudsmen inquiry Litigation expected Claim(s) £100k - £1m	High profile complaint(s) with national interest Multiple claims or high value single claim >£1m
Staffing and Competence	Short-term low staffing level that temporarily reduces patient care / service quality (<1 day) Concerns about competency / skill mix	Ongoing low staffing level that reduces patient care / service quality Minor error(s) due to levels of competency (individual / team)	Ongoing problems with levels of staffing that results in late delivery of key objective/service Moderate error(s) due to levels of competency (individual / team)	Uncertain delivery of key objective/service due to lack of staff. Major error(s) due to levels of competency (individual / team)	Non-delivery of key objective/service due to lack of staff / loss of key staff. Critical error(s) due to levels of competency (individual / team)
Reputation or Adverse Publicity ¹	Within the Trust Local media 1 day e.g. inside pages, limited report	Local media <7 day coverage e.g. front page, headline Regulator concern	National media <3 day coverage Regulator action	National media >3 day coverage. Local MP concern. Questions in the House	Full public enquiry Public investigation by regulator
Compliance Inspection / Audit	Non-significant / temporary lapses in compliance / targets.	Minor non-compliance with standards / targets. Minor recommendations from report	Significant non-compliance with standards / targets. Challenging report	Low rating. Enforcement action. Critical report	Loss of accreditation / registration. Prosecution. Severely critical report

¹ Organisational reputation risks can relate to impact on how the organisation is viewed by staff within the organisation, by other organisations in the health and social care economy, by elected representatives and by patients and the general public.