

## Risk Register Heat Map



**Nottinghamshire Healthcare**  
NHS Foundation Trust

| Number  | Risk   | Status               | Owner/Assessor                | Current Level of Risk |            |       | Target Risk Rating |            |       |
|---|--|----------------------|-------------------------------|-----------------------|------------|-------|--------------------|------------|-------|
|   |  |                      |                               | Severity              | Likelihood | Score | Severity           | Likelihood | Score |
| <b>CORP000054</b><br><b>Corporate</b><br>Angela Potter  | The Trust fails to effectively implement Health & Safety legislation which could lead to enforcement action and ultimately prosecution e.g. HSE, CQC, Fire & Rescue Authority, MHRA.   | Partially Controlled | Angela Potter<br>Ian Freegard | 4                     | 3          | 12    | 4                  | 2          | 8     |
| <b>CORP000071</b><br><b>Corporate</b><br>Simon Crowther | With a buoyant ICT job market, the Trust risks losing key staff to other organisations. This is particularly marked in the ICT department where there is high degree of technical specialism. Of the three senior management posts created as part of the restructure of ICT (Corporate IT) in 2013, two appointees have left and a third is currently on secondment with another NHS organisation. The Networks Team Leader has also left after 14 months. Prior to appointment the post was vacant for over two years due to an inability to attract the appropriate calibre of candidate. | Partially Controlled | Andrew Haw<br>David Armitage  | 3                     | 4          | 12    | 3                  | 2          | 6     |
| <b>CORP000110</b><br><b>Corporate</b><br>Simon Crowther | Forensic Services have 3 instances of RiO version 6. These require consolidating into a single instance and then upgrading to version 7. This work has been planned for some time but continued delays in implementing the required merging and upgrade is now having multiple impacts.  | Partially Controlled | Andrew Haw<br>Louise Bussell  | 3                     | 4          | 12    | 2                  | 2          | 4     |
| <b>CORP000091</b><br><b>Corporate</b><br>Angela Potter  | Possible risk for patients, staff or visitors to contract Legionnaires disease from properties where the responsibility of the water quality is that of the Estates and Facilities Estates Operational Team.   | Partially Controlled | Kay Mulcahy<br>Malcolm Pepper | 5                     | 2          | 10    | 5                  | 1          | 5     |
| <b>CORP000104</b><br><b>Corporate</b><br>Angela Potter  | Trust fails to meet fire safety standards as required by the Fire Safety (Regulatory Reform) Order which could lead to enforcement action and ultimately prosecution e.g. CQC, Fire & Rescue Authority   | Partially Controlled | Angela Potter<br>Ian Freegard | 5                     | 2          | 10    | 5                  | 1          | 5     |

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| <b>CORP000106</b><br><b>Corporate</b><br>Angela Potter  | Audits have revealed that fire door checks are not being carried out by DBH Estates. At meeting on 7th November this was confirmed by DBH Estates Manager. Lack of maintenance regime to ensure fire doors are performing to required specification is contrary to Regulatory Reform (Fire Safety) Order 2005.  | Partially Controlled | Steven Winfield<br>David Smith   | 5                     | 2           | 10    | 5                  | 1           | 5     |
| <b>CORP000059</b><br><b>Corporate</b><br>Simon Crowther | Disaster Recovery arrangements for the Trust's computer infrastructure are inadequate - The data centre at Duncan MacMillan House, and the computer room at Rampton and their associated rooms containing telephony and data communications equipment are the two most critical parts of the I.T. infrastructure as the voice and data communications are concentrated at these points. | Partially Controlled | David Armitage<br>Siyanda Mkweli | 5                     | 2           | 10    | 3                  | 2           | 6     |

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| 1033<br>Directorate | If insufficient Qualified Nursing staff are available then the clinical and safety needs of patients will not be met.<br><br>Link to Divisional risk: DIV153  | Partially Controlled | Louise Bussell<br>Adele Fox           | 4                     | 5          | 20    | 4                  | 4          | 16    |
| 1666<br>Directorate | AMH consultant psychiatrist vacancies<br>Link to LP Divisional risk: staffing tbc   | Partially Controlled | Michelle Malone<br>Faizal Seedat      | 4                     | 4          | 16    | 4                  | 3          | 12    |
| 1499<br>Directorate | There is a risk of non-delivery of the required cost improvement for 2018/19<br>Link to LP Divisional risk: DIV0000128  | Partially Controlled | Michelle Malone<br>Michael O'driscoll | 4                     | 4          | 16    | 4                  | 3          | 12    |
| 1732<br>Directorate | Lack of Secure Vehicles and Secure Caravelle People Carriers. Lack of Transport Department Drivers.   | Partially Controlled | Lee Brammer<br>Kay Mulcahy            | 4                     | 4          | 16    | 4                  | 1          | 4     |
| 361<br>Directorate  | Violence and Aggression to staff and service users across AMH services<br>Link to Divisional Risk 0000005   | Partially Controlled | Michelle Malone<br>Joanna Horsley     | 4                     | 4          | 16    | 3                  | 3          | 9     |
| 1702<br>Directorate | If lone working in High Secure Wards is not eradicated, then patient and staff health, safety and security could be compromised, leading to charges of negligence, litigation claims, financial and regulatory consequences.<br>Link to FS Divisional risk DIV0000153<br>Link to ORG risk 091   | Partially Controlled | David Mason<br>Peter Wright           | 4                     | 4          | 16    | 3                  | 1          | 3     |
| 1747<br>Directorate | Contract and Financial insecurity - NHS England have changed the timescales for tendering the CDS twice, with no definitive date given of when the tender will actually start, coupled with the ongoing financial cost pressures being experienced by the service, will potentially make the provision of CDS services untenable for the Trust. | Partially Controlled | Vanessa Briscoe<br>Tracey Gilford     | 4                     | 4          | 16    | 2                  | 2          | 4     |

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|                     | <p>The CDS service in its current format, as in without a Dental Consultant or Specialist Dentist, would be unable to tender for the re-provision of CDS services, as the Trust would be unable to meet the requirements of the new Dental Commissioning Guidelines.</p> <p>Contained within this Risk is the continuing deterioration of the equipment, some of which is becoming beyond economic repair.</p> |                      |                                      |                       |            |       |                    |            |       |
| 1667<br>Directorate | <p>Risk of ligature associated with some door closers and door design at Millbrook.</p> <p>Link to Organisational risk: ORG085</p> <p>Link to Divisional risk: DIV175</p>  | Partially Controlled | Michelle Malone<br>Deborah Dolan     | 5                     | 3          | 15    | 5                  | 2          | 10    |
| 1785<br>Directorate | <p>High risk of suicide, and accidental deaths amongst the population of service users referred and assessed by the CJLD service.</p>  | Partially Controlled | Andrew Latham<br>Yvonne Bird         | 5                     | 3          | 15    | 5                  | 2          | 10    |
| 1606<br>Directorate | <p>If initial multi-disciplinary assessments, ligature risk assessments and suitable care plans are not in place and implemented effectively, then a patient may commit suicide.</p> <p>Link to Divisional risk: DIV 055</p>   | Partially Controlled | John Wallace<br>Adele Fox            | 5                     | 3          | 15    | 4                  | 1          | 4     |
| 1781<br>Directorate | <p>The dual diagnosis service provision has been decommissioned and withdrawn as of 31 March 2018.</p>   | Partially Controlled | Michelle Malone<br>Timothy Constable | 3                     | 5          | 15    | 3                  | 3          | 9     |
| 1700<br>Directorate | <p>If mechanisms are not in place for timely admissions to High Secure from Offender Health then patient care is compromised and the Trust could potentially be subject to judicial review.</p>  | Partially Controlled | John Wallace<br>Adele Fox            | 3                     | 5          | 15    | 3                  | 2          | 6     |

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| 1723<br>Directorate | Link to Divisional Risk: DIV000184   | Partially Controlled | David Mason<br>David Mason        | 3                     | 5          | 15    | 3                  | 1          | 3     |
|                     | If staff do not get breaks from continuous observations, then working time regulations and contractual obligations would be compromised, staff fatigue leading to errors and impact on patient safety, poor staff morale, engagement and litigation claims.  |                      |                                   |                       |            |       |                    |            |       |
| 1599<br>Directorate | The risks associated with an inability to maintain a safe environment for both patients and staff due to the high level of acuity and support needs of the patients and current staffing issues. (Refer to Risk 1731).   | Partially Controlled | Vanessa Briscoe<br>Tracey Gilford | 3                     | 5          | 15    | 2                  | 2          | 4     |
| 1822<br>Directorate | The residential areas of the prison (wings) are consistently full of vapours which are a direct result of PS use on the wings. These vapours are usually invisible but do have an odour which is distinct. The vapours are air borne and are traveling to the staff work areas on the wing central areas. There is a risk to staffs health and wellbeing from long term prolonged inhalation of these vapours. | Partially Controlled | Lindsey Watson<br>Lindsey Watson  | 3                     | 5          | 15    | 1                  | 2          | 2     |
| 1678<br>Directorate | There is a risk of non delivery of the required Cost Improvement for 17-18<br>Link to LP Divisional risk: DIV128   | Partially Controlled | Lisa Dinsdale<br>Lisa Dinsdale    | 4                     | 3          | 12    | 4                  | 1          | 4     |
| 1692<br>Directorate | If in-house dialysis management is ineffective then patient safety is compromised  | Partially Controlled | David Mason<br>Marina Gibbs       | 4                     | 3          | 12    | 4                  | 1          | 4     |
| 1825<br>Directorate | The Willows Seclusion Room is out of use from 20 August - 8 October due to extensive works required.   | Partially Controlled | Joanna Horsley<br>Anne Clarke     | 4                     | 3          | 12    | 3                  | 3          | 9     |

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| 1798<br>Directorate | Possible acquired harm to patients if not assessed and cared for as per sepsis policy.   | Partially Controlled | Lisa Dinsdale<br>Sara Ashmore         | 4                     | 3          | 12    | 3                  | 2          | 6     |
| 1776<br>Directorate | Failing to complete the required environmental improvements relating to Infection Prevention and Control could result a breach of the hygiene code and therefore action against the Trust which impact upon Trust reputation and patient and carer confidence.       | Partially Controlled | David Mason<br>Stuart Lee             | 4                     | 3          | 12    | 1                  | 1          | 1     |
| 395<br>Directorate  | Due to the nature of high secure services, there is a high risk of patients self harming that could lead to serious injury or fatality.<br>Link to FS Divisional risk: DIV 159   | Controlled           | John Wallace<br>Adele Fox             | 3                     | 4          | 12    | 3                  | 4          | 12    |
| 394<br>Directorate  | Risk of Violence to staff/others.<br>Link to FS Divisional risk: DIV 020   | Partially Controlled | John Wallace<br>Adele Fox             | 3                     | 4          | 12    | 3                  | 3          | 9     |
| 1428<br>Directorate | Patients are smoking in restricted areas across AMH sites.   | Partially Controlled | Michelle Malone<br>Michael O'driscoll | 3                     | 4          | 12    | 3                  | 3          | 9     |
| 1727<br>Directorate | If the frequency of emergency 'out of grounds' at the High Secure hospital increases, then this could compromise staffing resourcing, safety, security and regulatory standards.   | Partially Controlled | Louise Bussell<br>Louise Bussell      | 3                     | 4          | 12    | 3                  | 2          | 6     |
| 1718<br>Directorate | Reduction of GPs working in the Out of Hours Service .<br>Extended Hours in Primary Care may have a knock on effect to GPs wanting to work within the Out of Hours Service. The out of hours service is a hybrid service of nursing, medical and transport provision | Partially Controlled | Lisa Dinsdale<br>Anne Haywood         | 3                     | 4          | 12    | 3                  | 2          | 6     |

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| 1726<br>Directorate | Medical capacity in all 4 city LMHTs resulting in delays for medical appointments   | Partially Controlled | Michelle Malone<br>Michael O'driscoll | 3                     | 4          | 12    | 3                  | 2          | 6     |
| 1820<br>Directorate | Realignment of clinical care to geographical localities following service redesign  | Partially Controlled | Michelle Malone<br>Tracey Taylor      | 3                     | 4          | 12    | 3                  | 2          | 6     |
| 1498<br>Directorate | The Financial Risks for the Directorate associated with non-delivery of CIP and QIPP, loss of income due to under performance against contract delivery targets and the level of expenditure on bank staff. (Links to LP Divisional Risk: Div 128).           | Partially Controlled | Catherine Pope<br>Ann Wright          | 3                     | 4          | 12    | 3                  | 2          | 6     |
| 1768<br>Directorate | If medical staff lack confidence in senior managers then the cultural change agenda will be undermined and CQC concerns in well led domain will not be mitigated.   | Partially Controlled | Peter Wright<br>Peter Wright          | 3                     | 4          | 12    | 3                  | 1          | 3     |
| 1829<br>Directorate | Security Risks at Alexander House (IDD Inpatient Service) identified following incidents of patients absconding from the Unit via bedroom ceilings and the roof space.  | Partially Controlled | Vanessa Briscoe<br>Wayne Bradford     | 3                     | 4          | 12    | 3                  | 1          | 3     |
| 1808<br>Directorate | Risk of ability to deliver safe services to patients at home and in spot purchase beds due to lack of additional resources to support additional spot purchase bed capacity in the locality.  | Partially Controlled | Lisa Dinsdale<br>Sara Ashmore         | 3                     | 4          | 12    | 2                  | 4          | 8     |
| 259<br>Directorate  | Patients present a risk of harm to themselves and others. Low Secure women's wards have historically experienced an increased frequency of self harm related incidents when compared to a male patient population.<br><br>Link to FS Divisional risk: DIV 159 | Partially Controlled | Andrew Latham<br>Lorraine Lockley     | 3                     | 4          | 12    | 2                  | 3          | 6     |

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| 367<br>Directorate  | If there are high levels of stress in staff that are not managed effectively, as a result of working with complex and challenging patients within Rampton Hospital (PD, women's and learning disability care streams), then staff absence (sickness) may increase, moral and productivity may deteriorate and clinical effectiveness of staff may decrease leading to a potential increase in incidents.   | Controlled           | Adele Fox<br>Helen Watkinson      | 3                     | 4          | 12    | 2                  | 3          | 6     |
| 1731<br>Directorate | The Orion Unit has experienced an exodus of qualified nursing staff over recent months. Vacancies remain despite repeated recruitment attempts. The on-going vacancy level is a risk to patient care and safety and also to staff safety.  | Partially Controlled | Vanessa Briscoe<br>Tracey Gilford | 3                     | 4          | 12    | 2                  | 2          | 4     |
| 1774<br>Directorate | City CRHT are running on reduced staffing due to a number of issues including maternity leave, sickness and vacancies.   | Partially Controlled | Michelle Malone<br>Anne Clarke    | 3                     | 4          | 12    | 2                  | 2          | 4     |
| 1811<br>Directorate | If absenteeism is not reduced then there is a potential failure to provide safe staffing on wards (day and night) resulting in patient and staff safety incidents  | Partially Controlled | Peter Wright<br>David Mason       | 3                     | 4          | 12    | 2                  | 2          | 4     |
| 1827<br>Directorate | To ensure the Cost Improvement Plan following Meridian assessment of MHSOP services phase 2 enables safe services to be delivered  | Partially Controlled | Sharon Thompson<br>Emma Hutton    | 3                     | 4          | 12    | 2                  | 2          | 4     |
| 1418<br>Directorate | The Orion Unit is facing challenges in relation to commissioning delays for people waiting to move on to more suitable services. Some people are in need of more specialist input and may be assessed as requiring a Service that can provide an increased level of security. Others have been assessed as fit for discharge from the Orion Unit and are waiting for a suitable support package to be secured via the relevant local authority. There have | Partially Controlled | Vanessa Briscoe<br>Tracey Gilford | 3                     | 4          | 12    | 2                  | 1          | 2     |



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|   | been particular difficulties in relation to ensuring timely action from Commissioners.<br><br>This Risk links to the following IDD Risks - Risk 1599 (Risks to safety for patients and staff associated with the current high level of acuity) 1731 (Staffing levels) and Risk 1069 (Potential violence & aggression). |                      |                                 |                       |            |       |                    |            |       |
| 1096<br>Directorate                     | IT failure for a prolonged period leading to no access to RiO patient records  | Partially Controlled | Richard Fuller<br>Virginia Ball | 3                     | 4          | 12    | 1                  | 2          | 2     |
| 1098<br>Directorate                     | RiO and email do not allow full access to patient information required by GP's and Practice Nurses.  | Partially Controlled | Richard Fuller<br>Virginia Ball | 3                     | 4          | 12    | 1                  | 1          | 1     |
| 1617<br>Directorate                     | Risk of suicide by a patient<br>Link to Divisional risk: DIV 055   | Controlled           | Charlotte Weaver<br>Ian Mawer   | 5                     | 2          | 10    | 5                  | 2          | 10    |
| 662<br>Directorate<br>Directorate Risk  | Suicide by a patient.<br>Link to Divisional risk: DIV 055  | Controlled           | Richard Fuller<br>Virginia Ball | 5                     | 2          | 10    | 5                  | 2          | 10    |
| 1615<br>Directorate<br>Directorate Risk | Suicide by a patient.<br>Link to Divisional risk: DIV 055  | Controlled           | Andrew Latham<br>Andrew Latham  | 5                     | 2          | 10    | 5                  | 2          | 10    |
| 1787<br>Directorate                     | CJLD service assertively follow up detainees referred to them for child sexual exploitation who pose a high risk to themselves. Vigilante groups often hunt and use verbal and physical abuse to both the service user and any staff seen to be engaging with them   | Partially Controlled | Andrew Latham<br>Yvonne Bird    | 5                     | 2          | 10    | 5                  | 1          | 5     |

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| 1823<br>Directorate | No due diligence audits take place to discharge NHFT duty of care. As such we are not aware of the current position in any detail for any safety and compliance issues for any LIFT building our services occupy and provide services from.<br><br>We are aware informally of a failure to establish appropriate regimes to discharge statutory compliance and lack of response to remedial requirements relating to water safety. | Partially Controlled | Kay Mulcahy<br>Steven Winfield    | 5                     | 2          | 10    | 5                  | 1          | 5     |
| 1748<br>Directorate | Never Events - within the Specialist Services Directorate there are a number of services who provide care where never events could take place, for example; Podiatric Surgery, Community Dental Services and Community Nursing Team. Wrong site surgery, incorrect insertion of a NG Tube and wrong route of administration of chemotherapy drugs.   | Controlled           | Vanessa Briscoe<br>Tracey Gilford | 5                     | 1          | 5     | 5                  | 1          | 5     |
| 42<br>Directorate   | Risk of ligature points/suicide in all areas of MHSOP in-patient wards, day units, physiotherapy/occupational therapy departments resulting in either an injury or fatality.   | Controlled           | Emma Hutton<br>Sharon Howe        | 5                     | 1          | 5     | 5                  | 1          | 5     |
| 1812<br>Directorate | If there is no planned response to a fire alarm at night at the Rampton Visitors' Centre, then this could lead to the delayed evacuation of visitors with consequent risk to life.   | Partially Controlled | Lynne Corcoran<br>Peter Wright    | 5                     | 1          | 5     | 5                  | 1          | 5     |

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| DIV0000168<br>Divisional | Current numbers of admissions into AMH inpatient beds are greater than bed stock available leading to an increasing requirement for Out Of Area private beds. This has an impact on the quality of care and service provided for patients and families. This also creates significant financial risk for the division.<br><br>Link to Organisational Risk (ORG100)                                 | Partially Controlled | Elizabeth Hallam<br>Michelle Malone | 4                     | 5          | 20    | 4                  | 3          | 12    |
| DIV0000153<br>Divisional | Failure to recruit and retain appropriately skilled staff may result in not meeting service requirements/delivery.<br><br>Link to Organisational risk: ORG 091<br>Link to Directorate risks: 1033 (Rampton -insufficient Nursing staff), 1058 (OH - low staffing), 1467 (AL - Nursing Staff Recruitment), 1702 (High Secure - Lone working), 1712 (Specialty Doctor shortages at Rampton Hospital) | Partially Controlled | Peter Wright<br>Louise Bussell      | 4                     | 5          | 20    | 3                  | 2          | 6     |
| DIV0000203<br>Divisional | Inability to demonstrate compliance with the CQC fundamental standards. Following inspection in October 2017 there are a number of actions that the division must take to comply with legal obligations  | Partially Controlled | Michelle Bateman<br>Kieran Colton   | 4                     | 4          | 16    | 4                  | 2          | 8     |
| DIV0000204<br>Divisional | Commissioners decisions leading to new models of services which require a reduced workforce - which has led to a significant programme of organisational change. This has an impact on sustainability of safe, effective and quality of service  | Partially Controlled | Elizabeth Hallam<br>Lisa Dinsdale   | 4                     | 4          | 16    | 4                  | 2          | 8     |
| DIV0000205<br>Divisional | Inability to recover from financial pressure during 2018-19 as a result of CIP, QuIP and cost of Out of Area Bed usage   | Partially Controlled | Paul Smeeton<br>Alison Wyld         | 4                     | 4          | 16    | 4                  | 2          | 8     |

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| <b>DIV0000177</b><br><b>Divisional</b>                    | Delayed transfer of care - Blocks in the patient pathway delay admissions when required. High costs incurred in private placements and monitor target of 7.5% at risk of breach.   | Partially Controlled | Elizabeth Hallam<br>Michelle Malone | 4                     | 4          | 16    | 3                  | 3          | 9     |
| <b>DIV0000209</b><br><b>Divisional</b>                    | All Commissioning Groups [CCGs] across Nottinghamshire are experiencing financial pressures which impact achievement of their targets linked to the transformation of services into new models of care with a reduced workforce. This has led to changes in thresholds of care; and a significant program of organisational change for Trust staff.  | Partially Controlled | Paul Smeeton<br>Sandra Crawford     | 4                     | 4          | 16    | 2                  | 4          | 8     |
| <b>DIV0000055</b><br><b>Divisional</b><br>Divisional Risk | Suicide by patient within in-patient, community or prison setting (includes all methods of suicide including ligation, self inflicted wounds, poisoning etc and use of ligature points - in Secure, Forensic in-patient settings).<br><br>Link to Organisational BAF risk: ORG085 (Ligature risk)<br>Link to Directorate risks: 1563 OH, 1617 A/Lodge, 662 Wathwood, 1606 High Secure, 1615 Low Sec. | Partially Controlled | Peter Wright<br>Louise Bussell      | 5                     | 3          | 15    | 4                  | 1          | 4     |
| <b>DIV0000184</b><br><b>Divisional</b>                    | If the FS Division fails to have effective collaboration with commissioners and other providers in the East Midlands and S Yorkshire/Bassetlaw for the development of a New Model of Care, then patients may be held in secure settings unnecessarily or may be in settings far from home.<br>Link to Directorate risk 1700 (High Secure)  | Partially Controlled | Louise Bussell<br>Peter Wright      | 3                     | 5          | 15    | 2                  | 2          | 4     |
| <b>DIV0000208</b><br><b>Divisional</b>                    | Concerns have recently been raised in relation to some aspects of clinical care within the hospice specifically in relation to the use of and prescribing of Ketamine and Methadone and low levels of the reporting of deaths to the   | Partially Controlled | Lisa Dinsdale<br>Keeley Sheldon     | 3                     | 5          | 15    | 1                  | 2          | 2     |

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| DIV0000206<br>Divisional                    | Coroner, this potentially poses a risk to patient care and safety within the unit   | Partially Controlled | Michelle Bateman<br>Kieran Colton | 4                     | 3          | 12    | 4                  | 2          | 8     |
|   | There is a risk that the current level of security /anti-climb protection is not appropriate for the current AMH patient population group. Therefore there is the possibility of clients gaining access to the roof.  |                      |                                   |                       |            |       |                    |            |       |
| DIV0000199<br>Divisional                    | As a result of recent external reviews and inspections - it is apparent that areas of Medicines Management such as<br>* recording of controlled drugs<br>* the general storage and safe keeping of medication<br>* Patient drug charts are in instances incomplete<br>and the management of Medicines within the division are not compliant with policy | Partially Controlled | Penelope Keith<br>Joanna Horsley  | 4                     | 3          | 12    | 4                  | 2          | 8     |
|   |   |                      |                                   |                       |            |       |                    |            |       |
| DIV0000080<br>Divisional                    | Delivery of CIP and QIP across all clinical areas has potential to impact on service quality and outcomes. Forecasts for 2018-19 are being revised to identify risk and appropriate risk mitigation.  | Partially Controlled | Paul Smeeton<br>Elizabeth Hallam  | 4                     | 3          | 12    | 3                  | 3          | 9     |
|   |   |                      |                                   |                       |            |       |                    |            |       |
| DIV0000200<br>Divisional                    | If the utilisation of forensic in-patient beds is not optimal then patients will be denied timely and effective care.   | Partially Controlled | Peter Wright<br>Peter Wright      | 4                     | 3          | 12    | 3                  | 2          | 6     |
|   |   |                      |                                   |                       |            |       |                    |            |       |
| DIV0000212<br>Divisional                    | Failure of telephony system supporting both Greater Notts SPAs  | Partially Controlled | Paul Smeeton<br>Lisa Dinsdale     | 4                     | 3          | 12    | 3                  | 2          | 6     |
|   |   |                      |                                   |                       |            |       |                    |            |       |
| DIV0000020<br>Divisional<br>Divisional Risk | If violent or aggressive incidents take place then patients/staff/visitors could be subject to physical and psychological harm (including serious injury and fatality) leading to: patient recovery being undermined, increased staff sickness, litigation claims, low staff morale and negative impact on staff retention.                             | Partially Controlled | Peter Wright<br>Louise Bussell    | 3                     | 4          | 12    | 3                  | 3          | 9     |
|   |   |                      |                                   |                       |            |       |                    |            |       |

## Risk Register Heat Map



Nottinghamshire Healthcare  
NHS Foundation Trust

| Number                                      | Risk   | Status               | Owner/Assessor                 | Current Level of Risk |            |       | Target Risk Rating |            |       |
|---|--|----------------------|--------------------------------|-----------------------|------------|-------|--------------------|------------|-------|
|   |  |                      |                                | Severity              | Likelihood | Score | Severity           | Likelihood | Score |
| DIV0000210<br>Divisional                    | Link to Organisational risk: ORG 042<br>Link to Directorate risks: 1017 OH, 82 A/Lodge, 1391 Wathwood, 394 Rampton, 1320 Low Sec, 122 TED.   | Partially Controlled | Paul Smeeton<br>Lisa Dinsdale  | 3                     | 4          | 12    | 3                  | 3          | 9     |
|   | Concerns have been raised in relation to the Local Authority ability / capacity to review Deprivation of Liberty (DOL) applications within the statutory 14 day timescale. Failure to achieve this constitutes a procedural breach to the organisation and a breach in our legal duty to patients from a MHA perspective   |                      |                                |                       |            |       |                    |            |       |
| DIV0000015<br>Divisional<br>Divisional Risk | If sub-standard services or care result in the fundamental standards not being achieved, then patient needs may not be met and regulatory action may be taken by the CQC.  | Partially Controlled | Peter Wright<br>Joanne Gleaden | 3                     | 4          | 12    | 3                  | 2          | 6     |
| DIV0000196<br>Divisional                    | Amendments to the Police and Crime Bill which came into effect on the 11 December 2017 affect assessment provision under the Mental Health Act. The requirement to complete an assessment under section 136 has been reduced from 72 hours to 24 (with the possible extension of 12 hours). Persons under the age of 18 can no longer be taken to a custody suite for the purposes of assessment under any circumstances. An adult should not be assessed in custody suite except when authorised by a senior police officer because of risk. If there is no 136 suite available assessment in a police station may require attendance of trust staff. | Partially Controlled | Michelle Bateman<br>Ian Brown  | 3                     | 4          | 12    | 3                  | 2          | 6     |
| DIV0000040<br>Divisional<br>Divisional Risk | If the Forensic Division fails to meet CIP requirement in 2019/2020 then the quality of services would be undermined.  | Controlled           | Peter Wright<br>Kate Goddard   | 3                     | 4          | 12    | 3                  | 2          | 6     |

## Risk Register Heat Map



Nottinghamshire Healthcare  
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| Number                   | Risk  | Status               | Owner/Assessor                    | Current Level of Risk |            |       | Target Risk Rating |            |       |
|--------------------------|---|----------------------|-----------------------------------|-----------------------|------------|-------|--------------------|------------|-------|
|                          |   |                      |                                   | Severity              | Likelihood | Score | Severity           | Likelihood | Score |
| DIV0000190<br>Divisional | If the Forensic Division does not deliver against their Financial Plan, then the Trust will not be able to achieve the Control Total for 2018/19.   | Controlled           | Peter Wright<br>Kate Goddard      | 3                     | 4          | 12    | 3                  | 1          | 3     |
| DIV0000207<br>Divisional | Commissioning Groups (CCGs) across Nottinghamshire are experiencing significant financial pressure and difficulty in achieving their control targets. This will result in difficult decisions being made in terms of future service provision and changes to thresholds of care.        | Partially Controlled | Elizabeth Hallam<br>Lisa Dinsdale | 3                     | 4          | 12    | 2                  | 4          | 8     |
| DIV0000159<br>Divisional | Due to the nature of the services provided there is a high risk of patients injuring themselves by acts of deliberate self injury.<br><br>Link to Directorate risks: 1564 OH, 294 A/Lodge, 1538 Wathwood, 395 Rampton, 259 Low Sec, 128 TED.  | Partially Controlled | Louise Bussell<br>Louise Bussell  | 3                     | 4          | 12    | 2                  | 3          | 6     |
| DIV0000189<br>Divisional | If visiting GPs, SOADs and CQC at Medium and Low Secure sites are unable to access SystmOne (healthcare medical record system), then patient care and safety could be compromised.<br>Link to Wathwood risk: 1098<br>Link to Arnold Lodge risk: 1725<br>Link to Low/Community risk:1743 | Partially Controlled | Peter Wright<br>Peter Wright      | 3                     | 4          | 12    | 2                  | 3          | 6     |
| DIV0000173<br>Divisional | Failure to maintain observations and effective communication with patient during physical restraints (prone, supine, sitting, kneeling) leading to serious incident/death in custody, inquest, police investigation, staff safety issues, negative reputational consequences.           | Partially Controlled | Peter Wright<br>David Jones       | 5                     | 2          | 10    | 5                  | 1          | 5     |
| DIV0000175<br>Divisional | Ligature risk associated with the window catch system on the acute wards at Highbury Hospital.<br>Link to ORG085, Directorate risk 1667.  | Partially Controlled | Michelle Malone<br>Joanna Horsley | 5                     | 2          | 10    | 5                  | 1          | 5     |

## Risk Register Heat Map



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| Number                   | Risk   | Status               | Owner/Assessor                 | Current Level of Risk |            |       | Target Risk Rating |            |       |
|--------------------------|--|----------------------|--------------------------------|-----------------------|------------|-------|--------------------|------------|-------|
|                          |  |                      |                                | Severity              | Likelihood | Score | Severity           | Likelihood | Score |
| DIV0000194<br>Divisional | If effective governance mechanisms regarding the use of emergency bags are not in place, then there could be a serious patient safety incident.    | Partially Controlled | Louise Bussell<br>David Mason  | 5                     | 2          | 10    | 5                  | 1          | 5     |
| DIV0000195<br>Divisional | If we fail to learn lessons from Serious incident investigation reports, then serious patient safety incidents could reoccur (including fatality). | Partially Controlled | Louise Bussell<br>David Mason  | 5                     | 2          | 10    | 5                  | 1          | 5     |
| DIV0000170<br>Divisional | Rampton Hospital: Abscond from escorted leave  | Controlled           | Lee Brammer<br>James Smith     | 5                     | 1          | 5     | 5                  | 1          | 5     |
| DIV0000180<br>Divisional | Escape from High Secure Services   | Controlled           | Lee Brammer<br>Timothy Shields | 5                     | 1          | 5     | 5                  | 1          | 5     |