WEST HERTFORDSHIRE HOSPITALS NHS ~ TRUST RISK ACTION PLAN

INCORPORATING RELEVANT HEALTHCARE COMMISSION, RPST, CNST, HSE & *7 STEPS TO PATIENT SAFETY TARGETS

	ACTION REQUIRED	LEAD DIRECTOR	PERSON (S) RESPONSIBLE (* Lead)	START DATE	TIMESCALE	DATE ACHIEVED	REVIEW DATE
1.	**FRAMEWORKS**						
1.1	**RPST LEVEL 1 (Risk Pooling Scheme for Trusts)**						
	Prepare for RPST Level 1 Assessment	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Oct '02	February '03	Feb '03	N/A
	Re-Prepare for RPST Level 1 Assessment	Director of Nursing, Midwifery, Quality & Risk	*N Moore	June '03	Dec '03	Dec '03	N/A
	Undertake RPST Level 1 Assessment	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Feb '04	February '04	Feb '04	N/A
	Prepare for RPST Level 2 Assessment	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Feb '04	February '05 Interim visit		
1.2	**CONTROLS ASSURANCE/ STANDARDS FOR BETTER HEALTH/CORPORATE GOVERNANCE**						
	Submit Controls Assurance returns for 01/02	Director of Finance	*N Moore	March '02	31 July '02	July '02	N/A
	Statement of Internal Control to be signed by Chief Executive to be included in Trust Annual Report 01/02	Director of Finance	*N Moore	June '02	31 July '02	July '02	N/A
	Submit Controls Assurance returns for 02/03	Director of Finance	*N Moore	March '03	15 May '03	15 May '03	N/A
	Obtain verification from Internal Audit that the Trust is complying on 3 core standards (Risk Management, Financial Management and Governance)	Director of Finance	*N Moore	March '03	15 May '03	15 May '03	N/A
	Statement of Internal Control to be signed by Chief Executive ~ 02/03	Director of Finance	*A Bettridge	March '03	15 May '03	15 May '03	N/A

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	ACTION REQUIRED	LEAD DIRECTOR	PERSON (S) RESPONSIBLE (* Lead)	START DATE	TIMESCALE	DATE ACHIEVED	REVIEW DATE
	Submit Controls Assurance returns for 03/04	Director of Finance	*N Moore	April '03	15 May '04	May '04	N/A
	Submit Controls Assurance returns for 04/05	Director of Finance	*N Moore	April '04	15 May '05		
	Facilitate review of Assurance Framework and ratification by Trust Board	Chief Executive & Director of Nursing, Midwifery, Quality & Risk	*N Moore	Aug '04	October '04	October '04	
	Establish a CA Forum for CA Standard Leads	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '04	January '04	January '04	N/A
	CA Forum renamed Standards for Better Health Forum and Terms of Reference Reviewed	Director of Nursing, Midwifery, Quality & Risk	*N Moore	August '04	Sept '04	Sept '04	N/A
	Develop a schedule for progressing CA framework & CA action plans ~ 2004/05	Director of Nursing, Midwifery, Quality & Risk & Director of Finance	*N Moore	May '04	July '04	July '04	N/A
1.3	**CNST**						
	Achieve CNST Level 1	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '01	February '02	Feb '02	N/A
	Review progress against CNST Level 1	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '03	February '03	May '03	N/A
	Prepare for re-assessment CNST Level 1 ~ Acute	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Feb '03	Feb '04	Feb '04	N/A
	Prepare for CNST Level 1 ~ Maternity Standard	Director of Nursing, Midwifery, Quality & Risk	*N Moore B Harlev-Lam	April '03	Dec '03	Dec '03	N/A
	Prepare Maternity evidence and action plan for submission to Willis prior to inspection	Director of Nursing, Midwifery, Quality & Risk	*N Moore B Harlev-Lam	May '03	August '03	August '03	N/A
	Re-prepare for CNST Level 1 ~ Maternity Standard	Director of Nursing, Midwifery, Quality & Risk	*N Moore J Mallard	Jan '04	Nov '04		
	Establish a CNST Level 2 Forum	Director of Nursing, Midwifery, Quality & Risk	*N Moore	August '04	October '04	October '04	
	Prepare for CNST Level 2 ~ Acute	Director of Nursing, Midwifery, Quality & Risk	*N Moore	March '04	February '05		

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	ACTION REQUIRED	LEAD DIRECTOR	PERSON (S) RESPONSIBLE (* Lead)	START DATE	TIMESCALE	DATE ACHIEVED	REVIEW DATE
1.4	**HEALTHCARE COMMISSION (CHAI)**						
	Review progress against CHAI Action Plan targets	Medical Director	*C Richards	May '03	Sept '03	Sept '03 March '04	N/A
	Benchmark against CHI framework for risk management	Director of Nursing, Midwifery, Quality & Risk	*N Moore	May '04	June '04	July '04	N/A
	Coordinate implementation of actions from CHI Framework for Risk Management Action plan	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Sept '04	October '04	Ongoing	
1.5	**HEALTH & SAFETY**						
	Develop local HSE Action plan following HSE visit & Review quarterly	Director of HR	*R Allan	May '03	May '03	May '03	Quarterly
1.6	**NPSA**						
	Achieve NPSA compliance	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '01	Winter 2001	2001	N/A
	Benchmark against NPSAs 'Seven Steps to Patient Safety	Director of Nursing, Midwifery, Quality & Risk	*N Moore	May '04	June '04	June '04	N/A
	*Complete implementation plan which describes how and when Trust will begin reporting nationally to the NPSA	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Apr '04	Sept'04	Sep '04	N/A
2.	**STRUCTURES**						
2.1	**RISK LEADS**						
	Identify Clinical Risk Leads for all Divisions	Director of Nursing, Midwifery, Quality & Risk	*N Moore	June '01	June '01	Nov '01	N/A
	Following the convergence of Risk & Non-Clinical ~ identify Risk Leads for all Divisions	Director of Nursing, Midwifery, Quality & Risk	*N Moore	March '03	April '03	April '03	N/A

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	ACTION REQUIRED	LEAD DIRECTOR	PERSON (S) RESPONSIBLE (* Lead)	START DATE	TIMESCALE	DATE ACHIEVED	REVIEW DATE
	Establish a training programme for Divisional Risk Leads	Director of Nursing, Midwifery, Quality & Risk	*G Etheridge	Feb '04	4 training sessions arranged during '04	January '04	Jan '05
	Establish quarterly Divisional Risk Lead Meetings	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Feb '04	Quarterly meetings arranged	Jan '04	
	*Risk Leads to develop and implement processes to ensure individual staff receive feedback on reported incidents where requested	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Sep '04	Dec '04		
2.2	REPORTING STRUCTURE						
	Establish a new Trust Risk Management Group	Chief Executive	*Non-Executive	Jan '03	Feb '03	Feb '03	N/A
	Establish Risk sub-groups reporting to Trust Risk Management Group	Director of Nursing, Midwifery, Quality & Risk	*G Etheridge	Jan '03	February '03	May '03	N/A
	Converge Clinical & Non-Clinical Risk-Risk Dept	Director of Nursing, Midwifery, Quality & Risk	*G Etheridge	Feb '03	March '03	March '03	N/A
	Review Risk Management Group's Terms of Reference to include monitoring role of key practice indicators	Director of Nursing, Midwifery, Quality & Risk	*G Etheridge	June '03	July '03	July '03	July '04
	Review Risk Sub-committee's Terms of Reference to include identification of key practice indicators capable of showing improvement in the management of risk	Director of Nursing, Midwifery, Quality & Risk	*G Etheridge	June '03	July '03	July '03 Reviewed July '04	July '05
3.	COMMUNICATION						
	Establish Risk Intranet web-page to combine clinical/non clinical/organizational risk	Director of Nursing, Midwifery, Quality & Risk	*N Moore	June '03	Ongoing	Ongoing	N/A
	Produce 12-Point Plan for Patient Information (guidance for clinicians wishing to produce patient information). Such patient information being a standard for CNST	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '03	July '03	July '03	July '04

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	ACTION REQUIRED	LEAD DIRECTOR	PERSON (S) RESPONSIBLE (* Lead)	START DATE	TIMESCALE	DATE ACHIEVED	REVIEW DATE
	Formal ratification of 12 point plan	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '03	August '03	July '03	July '04
	Launch Patient information database on Intranet to provide a comprehensive catalogue of all patient information available within the Trust (CNST 2 requirement)	Director of Nursing, Midwifery, Quality & Risk	*Pt Info Group	Jan '03	Nov '04		
4.	**POLICIES & PROCEDURES**						
4.1	**RISK MANAGEMENT STRATEGY**						
	Develop Risk Management Strategy	Director of Nursing, Midwifery, Quality & Risk	*N Moore	March '01	March '01	March '02	N/A
	1st Review Risk Management Strategy (combined clinical/non-clinical)	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '03	Feb '03	Feb '03	N/A
	2nd Review of Risk Management Strategy in line with CA, RPST and CNST	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Feb '03	July '03	July '03	Refer to 3rd review
	3rd Review of Risk Management Strategy in line with CA, RPST and CNST	Director of Nursing, Midwifery, Quality & Risk	*N Moore	July '03	Nov '03	Nov '04	Nov '05
	Develop a Risk Management Strategy for Maternity Services	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Winter '03	Winter '03	Winter '03	Nov '05
	Develop Divisional Risk Management Strategies	Director of Nursing, Midwifery, Quality & Risk	*Risk Leads N Moore	April '04	June '04	July '04	July '05
4.2	**INCIDENT REPORTING POLICY**						
	Develop Incident Reporting Policy	Director of Nursing, Midwifery, Quality & Risk	*N Moore	March '01	May '01	May '01	N/A
	2nd Review Incident Reporting Policy in line with CA, RPST and CNST and cross reference with Raising Concern Policy & Risk Strategy and RIDDOR	Director of Nursing, Midwifery, Quality & Risk	*N Moore	May '03	Nov '03	Nov '03	Nov '05

	ACTION REQUIRED	LEAD DIRECTOR	PERSON (S) RESPONSIBLE (* Lead)	START DATE	TIMESCALE	DATE ACHIEVED	REVIEW DATE
	*Develop Incident Reporting Policy to include chapter on immediate action following an incident and to ensure patients and their families receive an immediate apology where it is due, and dealt with in a respectful and sympathetic way.	Director of Nursing, Midwifery, Quality & Risk	*N Moore Lisa Savage	Sep '04	Nov '04		
	*Audit effectiveness of Incident Reporting Policy by spot audits of incident report forms and development of safety assessment survey	Director of Nursing, Midwifery, Quality & Risk	*N Moore Lisa Savage	May '04	Dec '04		
4.3	HEALTH & SAFETY POLICIES						
	Review all Trust Health & Safety Policies	Director of H.R	*R Allan	Feb '03	Ongoing		
4.4	CONSENT TO TREATMENT POLICY						
	Devise and implement Consent to Treatment policy	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '01	Sept '01	Sept '01	N/A
	Implement Consent to Treatment Workshops	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Sept '03	Dec '01	Dec '01	N/A
	1st Review Consent to Treatment Policy in light of DoH model	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Nov '02	Dec '02	Dec '02	Dec '04
	2nd Review Consent to Treatment Policy in light of CNST recommendations	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Dec '02	Jan '04	Feb '04	Feb '06
	3rd Review Consent to Treatment Policy	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Dec '05	Feb '06		
	Audit Consent to Treatment Policy	Director of Nursing, Midwifery, Quality & Risk	*Tracey Moran N Moore	Aug '04	Dec '04		
	Re-launch Consent to Treatment Workshops on to a rolling programme	Director of Nursing, Midwifery, Quality & Risk	*N Moore	July '03	Ongoing	Ongoing	N/A
4.5	DATIX POLICY						
	Develop a Datix Security Policy	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Dec '03	Jan '04	Jan '04	Jan '06

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	ACTION REQUIRED	LEAD DIRECTOR	PERSON (S) RESPONSIBLE (* Lead)	START DATE	TIMESCALE	DATE ACHIEVED	REVIEW DATE
	Datix Security Policy development	Director of Nursing, Midwifery, Quality & Risk	*N Moore	April '04	July '04	July'04	Jan '06
	Datix Security Policy 2nd Review	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Nov '05	Jan '06		
4.6	TRUST QUALITY & RISK FOLDER						
	Produce and circulate Trust Quality & Risk Folder	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '04	Sept '04	Sep '04	
5.	TRAINING						
5.1	RISK TRAINING						
	Implement Basic Risk Awareness training workshops	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Dec '02	Ongoing	Feb '03	Ongoing
	Establish risk awareness as part of Trust's Induction training programme to include junior doctors	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Feb '04	Ongoing		
	Provide Risk Matrix training (now part of Risk Management and Health & Safety for Managers)	Director of Nursing, Midwifery, Quality & Risk	*N Moore	August '02	Ongoing		
	Review Risk Matrix training and re-launch workshops	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan'03	Ongoing		
	Implement Datix Risk Management training prior to system going live	Director of Nursing, Midwifery, Quality & Risk	*N Moore	March '03	June '03	June '03	Ongoing
	Encourage all staff with risk management responsibilities to attend NPSA Root Cause Analysis (RCA) training.	Director of Nursing, Midwifery, Quality & Risk	*N Moore	June '03	Nov '03	Nov '03	Ongoing
	Identify a robust Risk training programme for all staff & Mandatory Induction Training Programme	Director of Nursing, Midwifery, Quality & Risk	*S Whiterod J Barrett N Moore	Sept '03	Nov '03	Nov '03	Nov '05
	Divisional Managers to attend Serious Incident Reporting training sessions	Director of Nursing, Midwifery, Quality & Risk	*N Moore	August '04	Sept '04	Ongoing	

		ACTION REQUIRED	LEAD DIRECTOR	PERSON (S) RESPONSIBLE (* Lead)	START DATE	TIMESCALE	DATE ACHIEVED	REVIEW DATE
6.		**MEASURING/MONITORING**						
6.1		**RISK DATA REPORTING & COLLECTION**						
		Establish individual Divisional Clinical Risk databases	Director of Nursing, Midwifery, Quality & Risk	*N Moore	June 2000	July '01	July '03	N/A
		Establish single Risk Management database (Datix)	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Dec '02	Sept '03	Oct '03	Ongoing
		Devise/implement and launch a single form for Incident/Accident reporting, relating to staff and patients in line with RPST requirements and to include capture of incidents of violence and aggression	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Winter '03	Spring '04	Launched April '04	N/A
		*Further interrogation of database to include PALS, Complaints and Claims modules to identify opportunities to proactively improve patient care and identify local solutions, e.g. re-designing systems and processes, and adapting staff training or clinical practice.	Director of Nursing, Midwifery, Quality & Risk	*N Moore Lynn Hill	Oct '04	Dec '04		
6.2		**TRUST RISK MATRIX AND REGISTER**						
		Develop and apply Trust Risk Matrix to: - Business Planning process - ERNS reporting - Backlog maintenance schedules - Medical equipment - Ward departmental risk assessments	Director of Strategic Planning Director of Strategic Planning Director of Strategic Planning Medical Director Director of Nursing, Midwifery, Quality & Risk	*Exec Team *N Moore *N Moore *G Savage *N Moore & Joyce Wong	Feb '02 April '02 April '02 April '02 April '02	March '03 February '03 February '03 February '03 February '03	All Achieved	Ongoing
		Update Risk Scoring Matrix document in line with revised organisational structure and Incident Reporting Policy	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '03	October '03	July '03	Oct '04

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	ACTION REQUIRED	LEAD DIRECTOR	PERSON (S) RESPONSIBLE (* Lead)	START DATE	TIMESCALE	DATE ACHIEVED	REVIEW DATE
	Establish Trust Risk Register capable of recording clinical, financial and organizational risks and initial risk rating and risk treatment plans	Director of Nursing, Midwifery, Quality & Risk	*N Moore	June '03	Nov '03	Nov '03	Ongoing
	Amalgamate various risk registers in to Trust Risk Register	Director of Nursing, Midwifery, Quality & Risk	*N Moore	June '03	April '04	April '04	N/A
	Audit monitoring and effectiveness of Risk Register	Director of Nursing, Midwifery, Quality & Risk	*N Moore	April '04	Sept '04	Ongoing	
	Develop a process for controlling, validating & monitoring entries onto Risk Register	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Oct '03	Jan '04	Feb '04	Feb '05
6.3	ROOT CAUSE ANALYSIS						
	Develop and implement Root Cause Analysis template	Director of Nursing, Midwifery, Quality & Risk	*N Moore	June '01	Dec '01	Dec '01	N/A
	Expand Root Cause Analysis template to include all aspects of risk (clinical, non-clinical and organizational)	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '02	May '03	May '03	May '04
	Develop local guidance on conducting a RCA to be appended to Root Cause Analysis tool (to include Complaint and Claims requirements)	Director of Nursing, Midwifery, Quality & Risk	*N Moore Lynn Hill	June '03	Nov '03	Nov '03	Nov '05
6.4	REPORTS						
	Produce monthly Clinical Governance data reports	Medical Director	*C Richards	Oct '02	Monthly	Ongoing	N/A
	Produce Trust Clinical Governance Annual Report ~ '01/02	Medical Director	*C Richards	Dec '02	January '03	Jan '03	N/A
	Produce Trust Clinical Governance Annual Report ~ '02/03	Medical Director	*C Richards	Jan '03	June '03	June '03	N/A
	Produce annual Divisional Risk Reports	Director of Operations Director of Nursing, Midwifery, Quality & Risk	*Divisional Risk Leads N Moore	Jan '04	June '04	June '04	May 2005
	Produce annual Risk Report	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '04	June '04	June '04	May 2005

	ACTION REQUIRED	LEAD DIRECTOR	PERSON (S) RESPONSIBLE (* Lead)	START DATE	TIMESCALE	DATE ACHIEVED	REVIEW DATE
	Produce Trust Clinical Governance Annual Report	Director of Nursing, Midwifery, Quality & Risk	*C Richards N Moore	Sept '03	June '04	June '04	June '05
6.5	**TRUST TRIGGER LIST**						
	Produce Trust trigger list for risk for the generic identification and cataloguing of all incidents within the Trust (NPSA and CNST 2 requirements)	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '01	Dec '01	Dec '01	N/A
	Review Trust trigger list and launch Trust wide in line with NPSA coding	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '03	August '03	June '03	June '04

Original Action Plan devised December '02
Reviewed & Updated ~ January, February, March, April, May, June, August & November '03 & January, March, May, July, August & November '04

Gary Etheridge   **Nicola Moore**
Director of Nursing, Midwifery, Quality & Risk   **Trust Risk Manager**