

**London Ambulance Service NHS Trust
Risk Register**

*First Level Progress Report:
As at 22nd January 2007*

ID	Risk	Risk Type	Date Opened	Rating (initial)	Rating (current)	Risk level (initial)	Risk level (current)	Senior Manager	Summary of Progress
265	Inability to match resources to demand. Rosters do not match current demand. Weak at weekends.	OPER	31-Jul-2006	20	20	HIGH	HIGH	R.S	Sector support' rotas have been introduced for staff to work solely at night or during weekends. Over time at 'double time' has been made available to staff between 11pm and 3am on Fri., Sat. and Sun. All new staff now join a relief rota where they work 7 out of 10 weekends.
248	EOC not checking logs of Cat.C calls. This allows them to conf. whether call can be handled by UOC.	OPER	25-Jul-2006	20	20	HIGH	HIGH	J.HOP	Deputy Director of Operations recommends that this risk is now removed, as an automatic process is now in place to refer all Cat C calls to UOC. Proposal for deletion to go to RCAG on 28/02/07.
246	Existing rosters do not provide the cover to match demand	OPER	25-Jul-2006	16	16	HIGH	HIGH	R.S	Deputy Director of Operations recommends that this risk be deleted, as issues have now been written in to risk 265. Proposal to go to the RCAG on 28/02/07.
70	Delays are occurring in responding to urgent calls resulting in these calls becoming emergency calls	OPER	14-Jan-2003	20	16	HIGH	HIGH	J.HOP	Recommend that this risk be reduced to 'Significant 12'. New process in place which treats Urgent Calls 'within one hour' as emergency calls, and refer Urgent Calls 'within three hours' to UOC for dispatch.
25	Delay in activating vehicles due to inability to answer calls promptly before the recorded message is played.	OPER	14-Nov-2002	20	16	HIGH	HIGH	J.HOP	Dispatch staff have been given the facility to also answer calls when demand is high. Additional call takers are being recruited.
17	Lack of crewed ambulances on Fri, Sat.&Sun nights.	OPER	14-Nov-2002	16	16	HIGH	HIGH	R.S	250 staff now in place. Proposal to go to the RCAG on 28/02/2007 to accept this risk is rolled into 265 and deleted.

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9	Risk of injury to staff, patient or third party travelling in an LAS vehicle or involved in an RTA with an LAS vehicle.	OPER	13-Nov-2002	16	16	HIGH	HIGH	R.S	Proposal to go to RCAG on 28/02/2007 to downgrade this risk to 'Significant 12'. FRU staff are receiving individual driver training. 'Black box' accident data recorders are on trial to identify causes of accidents. Monitoring and adjudication of accidents is to be reinstated. Child patient safety under review. Protocols in place for safety of other patients and travellers. All new A & E ambulances fitted with recessed child harness in head and attendants seats, and all new PTS ambulances are fitted with all age (above 4 years old) adjustable harnesses.
254	Assessment of Manual Handling and Training	OPER	25-Jul-2006	15	15	HIGH	HIGH	DCH	Meeting took place with the Practice Development Manager of the South Area to explore effective ways of developing, delivering train the trainer/assessor course and also to plug the immediate shortfall in having competent persons to deliver patient handling training. Proposal to go to the RCAG on 28/02/2007 to accept this risk is rolled into 8 under H&S and deleted.
251	Reduced ambulance management cover due to fixed responses. Managers are tied up supporting police and fire calls.	OPER	25-Jul-2006	15	15	HIGH	HIGH	R.S	The HART team will be addressing many of these calls from Jan '07. Proposal to go to RCAG to downgrade this risk to 6.
249	Loss of FRU cover due to inappropriate tasking.	OPER	25-Jul-2006	15	15	HIGH	HIGH	R.S	Proposal to go to RCAG on 28/02/2007 to downgrade this risk to 'Significant 12'. Both desks can now see each others resources.

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221	No effective backup in place for EBS	OPER	13-Jun-2006	15	15	HIGH	HIGH	SM	It has been agreed that EBS fallback will be located in the large meeting room at Loman Street. This risk should be deleted after MS has arranged for the necessary technical requirements to be completed.
268	Delay in fully implementing the action plan devised following the London bombings on 7/7/05.	OPER	09-Nov-2006	12	12	SIG	SIG	J.P	Traffic lighted action plan. Overseen by designated senior manager. Most serious actions colour coded and reviewed by the Head of Emergency Preparedness. Monthly performance review with designated department leads. 3 monthly monitoring report presented to SMG by the Head of Emergency Preparedness.
257	Capability to deal with day to day situation of the Development and Operations of Wembley Complex	OPER	25-Jul-2006	12	12	SIG	SIG	PS	Assessment of risk will be undertaken when stadium is near completion.
235	EOC lack info. at time of disp. and co-ord. between sect. & FRU desks. Sect. desks lack full info., as call is still underway.	OPER	24-May-2006	12	12	SIG	SIG	J.HOP	There are plans to consider moving the FRU's to the new split sector desks in 2007/8"
232	Staff have not had training to use the newly configured equipment on the Amb's. Staff won't be able to use new equipment.	OPER	24-May-2006	12	12	SIG	SIG	KM	Proposal to go to RCAG on 28/02/2007 to downgrade this risk to 'moderate 4'. CPD courses had previously been put on hold, due to performance pressures. Staff were therefore not receiving training in manual handling devices. These courses have now been re-instated.
231	Lack of qualified RTA investigators. Leads to delayed RTA reporting and exposes the Trust to higher motor risk claims.	OPER	24-May-2006	12	12	SIG	SIG	MD	Training needs analysis to be updated to enable training of RTA investigators to be undertaken. Review of training needs analysis to be undertaken including progress monitoring at next RCAG meeting on 28.02.07

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229	Low levels of measurable utilisation of ECPs is likely to result in withdrawal of stakeholder funding	OPER	02-Jun-2006	12	12	SIG	SIG	I.TODD	Proposal to go to RCAG on 28/02/2007 to increase this risk to 'high 15' due to recent PCT funding being withdrawn in some areas. A new tasking strategy has been implemented and has improved situation. Weekly utilisation report produced. Proposal to SMG on 17/1/07 to fund ECPS as part of workforce plan
228	Single responders being sent on incomplete calls.	OPER	02-Jun-2006	12	12	SIG	SIG	R.S	Driver is updated once the call is complete. Until then, a dynamic risk assessment is carried out. Proposal to go to RCAG on 28/02/2007 to downgrade to 6 due to increased controls.
223	No ability to hold regular team meetings/briefings	OPER	12-Jun-2006	12	12	SIG	SIG	R.S	Face to face communication still lacking but Comms department are addressing this issue. New rosters in 2007 should address this. Proposal to go to RCAG on 28/02/2007 to downgrade to 6.
222	Lack of frontline management staff at weekend. Risk to staff welfare and staff support who require advice , could lead to SUI.	OPER	13-Jun-2006	12	12	SIG	SIG	R.S	New rostering and leave arrangements for DSOs underway. Proposal to go to RCAG on 28/02/2007 to downgrade to 8.
215	Risk of having impractical ratios of CTCs to EMDs	OPER	13-Jun-2006	12	12	SIG	SIG	J.HOP	Proposal for deletion of risk to go to RCAG on 28/02/2007 as supervisors in place.
163	Not being able to instigate an effective response in the event of either an internal or external incident that affected the service due to a lack of comprehensive Contingency Plan.	OPER	21-Jul-2004	15	12	HIGH	SIG	SRM	Business Continuity Plan in place and is currently being reviewed. Proposal to go to RCAG on 28/02/2007 to downgrade to 6.

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21	Delay in activating vehicles due to human error in EOC	OPER	14-Nov-2002	15	12	HIGH	SIG	J.HOP	Officer appointed to assist call taking supervisor. Superintendent also given specific responsibility for call taking. Proposal to go to RCAG on 28/02/2007 to downgrade to moderate 6.
266	Cancellation of Update Training, which could lead to inappropriate treatment of patient.	OPER	31-Jul-2006	9	9	SIG	SIG	R.S	Recommend that this risk be removed, as covered in risk 232. Proposal to go to the RCAG on 28/02/2007.
236	Risk of new work practices being introduced for EMT's as a result of AFC before relevant training packages have been provided	OPER	24-May-2006	9	9	SIG	SIG	KM	Recommend that this risk be removed due to training package now being provided and staff being instructed not to practice until trained. Proposal to go to RCAG on 28/02/2007.
218	EOC does not call back abandoned calls from mobile phones.	OPER	12-Jun-2006	9	9	SIG	SIG	J.HOP	Protocol in place to advise CTs to follow up calls. Proposal to go to RCAG on 28/02/2007 for removal of risk from register
151	Trust may not manage crew overtime down	OPER	19-Dec-2003	9	9	SIG	SIG	R.S	Proposal to go to RCAG on 28/02/2007 for risk to be removed. Overtime successfully reduced by two thirds.
176	Formal arrangements are not in place to run a Payroll, and pay staff salaries if HQ was inaccessible or shortage of power supply	OPER	17-Jan-2005	16	8	HIGH	SIG	TC	Proposal to go to RCAG on 28/02/2007 for risk to be removed. As advised by the Director of Finance. Payroll is now part of new ESR roll out.
217	Not being able to contact resource in a "Black Spot" area.	OPER	12-Jul-2006	6	6	MOD	MOD	R.S	Rarely experienced with MDTs. New radios in '07 will significantly reduce the frequency of this issue.
26	Delay in activating vehicles due to difficulties in obtaining address from caller.	OPER	14-Nov-2002	16	6	HIGH	MOD	R.S	Risk has been mitigated by the recent uploading of the new Gazetteer, as it contains updated information on new buildings and new addresses in London. Arrangements are in place to ensure quarterly updates are undertaken.

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30	Long journey times due to distance travelled and traffic	OPER	14-Nov-2002	20	4	HIGH	MOD	R.S	RCAG are asked to accept this risk as part of risk 265.
193	Carry chairs are not being presented with A&E vehicles for servicing	OPER	01-Jan-2003	12	3	SIG	LOW	C.V.	Proposal to go to RCAG on 28/02/2007 to remove this risk, as there is continued ongoing assessment of Carry Chairs every 6 weeks.
239	Failure of Ferno Pegasus Trolley Bed	LOG	24-Jul-2006	25	25	HIGH	HIGH	C.V.	Reinforcement of trolley beds complete. All trolley beds checked for deformation. Each trolley bed checked by Fleet at 6 weekly intervals. Any trolley beds outside tolerances removed from the service and replaced by spare Ferno Falcon Six trolley bed.
250	Inability to treat Paediatrics due to equipment out of date	LOG	25-Jul-2006	20	20	HIGH	HIGH	C.V.	Roll out plan in place to replace out of date drugs. Some stations withholding bags preventing replacement.
206	Unavailability or the non-functioning of critical patient care equipment on vehicles.	LOG	02-Mar-2006	20	20	HIGH	HIGH	C.V.	Make Ready implemented service wide. Equipment checked each night on every vehicle made available.
35	Risk of loss of Patient Report Forms or inappropriate access to patient related information, due to lack of security.	LOG	01-Jun-2002	20	16	HIGH	HIGH	C.V.	Secure post boxes installed on each station 2003. COMPLETE- Proposal was made to the RCAG to delete this risk. RCAG decided on the 7/11/2006 that the risk should remain on the register and considered for deletion in February. Although the risk has been addressed there has been a recent incident involving PFI forms being stolen from North Kensington Ambulance Station.
186	Management of Medical Devices not consistent throughout the organisation.	LOG	10-Feb-2004	12	9	SIG	SIG	C.V.	Asset database due to go live NOV 06. All equipment will be checked against planned servicing date.

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172	Not meeting operational targets and unnecessary pressure on fleet due to unavailability of vehicles because of poor local care.	LOG	05-Jan-2005	15	9	HIGH	SIG	C.J	Fleet Status reporting in place. Asset Tracking Tool will also monitor the vehicle location. Flexible Fleet Management Project being extended to further station complexes.
170	Vehicle Defect Reporting Forms not used/ used inappropriately	LOG	05-Jan-2005	12	9	SIG	SIG	CV	A new fault reporting book is close to agreement at VEWG. Orders will be placed for new books by Jan'07.
72	Inconsistent action relating to the maintenance and repair of trolley beds due to inadequate record keeping.	LOG	17-Mar-2003	16	9	HIGH	SIG	C.J	Transferred records to electronic database. Asset Tracking tool will also assist in locating trolley's. Fleet Dept. considering replacement of Fleet Plan Computer Record System.
184	Failure to meet Fleet Support requirements to service vehicle without putting staff at addit.risk of injury working excess O/T.	LOG	10-Feb-2006	12	8	SIG	SIG	C.J	Fleet have additional funding for winter pressures. Also, more mobile workshops to cope with the demand. Fleet status reports have identified that there are spare vehicles which can be utilised.
187	Not having fully equipped vehicles, due to equipment lost or left at hosp. and not recorded. As most hospitals have 1:1 swaps.	LOG		15	6	HIGH	MOD	C.V.	We are addressing this as part of the Logistics Restructure. Implementation Dec '06/Jan '07
43	Oxygen cylinders are not all stored safely and appropriately on vehicles and in stations	LOG	14-Nov-2002	8	3	SIG	LOW	C.V.	Make Ready has been implemented service wide and ensure that all vehicles have a designated oxygen storage. Additional oxygen cabinets have also been purchased. RCAG agreed on 7/11/2006 to downgrade this risk from 12 to 3.
66	Risk to patients and staff due to contamination of equip.and vehicle	LOG	14-Nov-2002	15	2	HIGH	LOW	C.V.	Make Ready currently rolled out to A& E vehicles. Future plans to also roll out to RRU vehicles and planning to extend to PTS in next financial year.

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56	Risk of cross infection and injury to staff, patients and public due to inadequate disposal of products other than needles.	LOG	14-Nov-2002	12	2	SIG	LOW	C.V.	Service will be in negotiations in the near future with Hospitals, in getting an agreement to allow crews to dispose of clinical waste.
214	Inability to send time critical SMS messages due to lack of network coverage	IMT	17-May-2006	25	25	HIGH	HIGH	PS	SMS should not be used to send time critical messages. It is totally unsuitable and hence unreliable for this purpose. In terms of sending critical messages, the Trust's preferred approach is voice or data via MDT's. A separate pager overlay has also been installed for the transmission of urgent messages. It is recommended by the Director of Information Management & Technology that this risk is removed from the risk register. Proposal to go to the RCAG on 28/02/07.
237	Staff being paid incorrectly, or not at all if the pay data does not migrate successfully and accurately into the new database	IMT	24-Jul-2006	16	16	HIGH	HIGH	TC	Payroll system is now functioning to standard required. Recommendation for this risk to be deleted. Proposal to go to the RCAG on 28/02/07.

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238	Inability to dispatch to MDTs from FALL back Centre at Bow	IMT	24-Jul-2006	15	15	HIGH	HIGH	JD	The underlying ExpressQ infrastructure has been upgraded at Fall Back Control in line with the live configuration at HQ and a number of remedial activities have been carried out to test individual technical elements of the overall facility. A plan to fully test Fall Back operation is being developed to be implemented February 2007. The risk rating should be reduced from 15 High to 12. Proposal to go to the RCAG on 28/02/07 to reduce the risk rating.
242	No back up if PSIAM software fails. So CTAK would be without support aid.	IMT	02-Jun-2006	12	12	SIG	SIG	JD	PSIAM operates on servers based at HQ, the architecture provides resilience to individual component failure. Data backup procedures are carried out at HQ to secure data and allow for recovery in the event of a total hardware failure. Disaster recovery servers are similarly configured at the Bow Fall Back Control, however there are no workstations at this location allocated for CTA (or general UOC) operations. This is a matter for UOC Command and Estates to resolve therefore the primary risk owner is Assistant Dir UOC, IM&T can procure install and configure client PCs & associated telephony equipment once specific location of fall back users is agreed.

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168	Exposed of support for the CAD system if Dep. Dir. of IMT was unavailable, due to knowledge of software d'vpmt. & M'tnce.	IMT	05-Jan-2005	16	9	HIGH	SIG	JD	The Deputy Director of IM&T has now left the Trust. 2 consultants are providing support and a full time position is being advertised. In terms of this specific risk, this risk should be closed. However in terms of CTAK there remains (and always will) a risk regarding it's proprietary nature. Head of Software Development & Support will raise a separate risk in relation to this issue and will be the nominated senior responsible manager. He will provide you with a separate update for this. Proposal for deletion and new risk to go to RCAG on 28/02/2007.
178	Risk that business critical data (with the exception of central systems i.e. CTAK, finance etc.) could be lost.	IMT	30-Mar-2005	9	2	SIG	LOW	AO	Information will no longer be kept on harddrives it will be migrated across to network drives and will be backed up daily. The aim is to complete this work during 2007.
244	Lack of protected time for staff professional and career development	HS	25-Jul-2006	20	20	HIGH	HIGH	CH	Awaiting update.
262	Lack of training for Investigation Officer's.	HS	26-Jul-2006	16	16	HIGH	HIGH	R.M.M	Awaiting update.

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173	Risks to staff, patients and organisation of staff working excessive overtime/ hours	HS	05-Jan-2005	16	16	HIGH	HIGH	RA	A&E Resources Group has responsibility for monitoring hours worked. A quarterly review would be undertaken and progress monitored. A proposal was put to the RCAG that the risk be downgraded to SIGNIFICANT LEVEL = 9 or MODERATE LEVEL= 6. The RCAG decided on the 7/11/06 that this risk should remain the same. To be reviewed in February'07 when evidence from PROMIS should support regrading.
7	Failure to reduce reported incident risks through incident information not being shared with all relevant depts & committees	HS	13-Nov-2002	20	9	HIGH	SIG	JS	Awaiting update.
243	AFC - difficulty in recruiting staff levels to organisation	HS	25-Jul-2006	9	9	SIG	SIG	CH	Awaiting update.
240	Lack of quality of training which could result in new recruits not meeting the req. standard.	HS	25-Jul-2006	9	9	SIG	SIG	CH	Awaiting update.
174	Staff expectations not met due to inability to sustain implementation of PDR service-wide.	HS	05-Jan-2005	16	9	HIGH	SIG	S.S	Awaiting update.
8	Risk of injury to operational staff and/or patient through issues relating to manual handling.	HS	13-Nov-2002	20	9	HIGH	SIG	CH	Meeting has taken place to explore effective ways of developing , deliver train the trainer/assessor course and also to plug the immediate shortfall in having competent persons to deliver patient handling training. The LAS Ergonomics Advisor offered to develop and deliver training to A&C staff, fleet, estates, IM&T and other office staff based on risk assessment.

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10	Risk of LAS staff being physically assaulted	HS	13-Nov-2002	20	6	HIGH	MOD	RA	MOU between the NHS and the Police signed off in September 2006 to increase prosecutions resulting from assaults on NHS staff. Review of the High Risk Address Register to commence on the 23rd November 2006. Proposal was put to the RCAG that the risk be downgraded from a SIGNIFICANT LEVEL = to a MODERATE LEVEL = 6. RCAG agreed on the regrading on the 7/11/2006.
252	Clinical Assessment and support when returning to work after extending periods away.	HS	25-Jul-2006	6	6	MOD	MOD	CH	Return to work interview. Whilst staff are away from work they are offered and sent information to keep them up-to-date.
226	Lone worker Policy not fully implemented	HS	12-Jul-2006	15	6	HIGH	MOD	J.S	Recommend that this risk be removed, as covered in risk 232. Received positive feedback from Bentley Jennison's audit on Lone Worker Policy. Their recommendation is to review the High Risk Address Register, which will commence on the 23rd November 2006. RCAG decided on the 7/11/2006 that this be regraded from 15/high to 6/moderate, as it was accepted that the Internal Audit review of lone working had not proposed any significant recommendations and there has been training delivered on lone working.
164	Policies and Procedures not adhered to due to lack of staff awareness and robust implementation plans	FINAN	04-Jan-2005	12	5	SIG	MOD	SRM	Policies and Procedures Working Group developing an Implementation Working Plan template.

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182	Not being able to escape from an LAS building in the case of fire or other emergencies.	HS	09-Feb-2004	9	4	SIG	MOD	J.S	Fire evacuation drills undertaken twice yearly. Fire alarm testing undertaken weekly. Proposal was put to the RCAG that the risk be downgraded to a LOW LEVEL = 2. RCAG decided on 7/11/2006 that the risk should remain as 4/moderate and be reviewed again in February' 07 at RCAG.
181	Risk of injury to staff from slips, trips and falls on LAS premises. H&S Inspections & Incident Reports not implemented.	HS	09-Feb-2003	9	4	SIG	MOD	J.S	Premises inspections of all LAS properties undertaken on 3 monthly basis. 2 day Health & Safety Awareness course module covers premises inspections. Premises inspections of all LAS properties undertaken on 3 monthly basis. 2 day Health & Safety Awareness course module covers premises inspections. Proposal was put to the RCAG on 28/02/2007 that the risk be downgraded from a MODERATE LEVEL = 6 to a MODERATE LEVEL = 4. RCAG agreed on the 7/11/2006 to downgrade to MODERATE LEVEL = 4
27	Risk of cross infection due to inability to replace supplies on a 24 hr. basis.	HS	14-Nov-2002	16	3	HIGH	LOW	J.S	Stores moved to Deptford, and second store manager employed. Make Ready is now live on all 25 complexes.
210	Staff drinking, eating, smoking and using mobile phones whilst driving	HS	04-May-2006	9	2	SIG	LOW	J.S	All Operational staff undergo comprehensive driver training. All Operational staff comply with Road Traffic Act/Highway Code. Team leaders monitor crew staff implementation of policy and procedures.

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208	Risk of staff not knowing their accountabilities for internal control and principles of Code of Conduct	HS	11-Apr-2006	3	2	LOW	LOW	C.MC'M	Standing Orders revised and Code of Conduct included in induction for Non-Executive and Executive Directors.
205	Not being able to identify staff training due to incomplete training records.	HS	01-Jun-2005	16	2	HIGH	LOW	KM	Complex Team Leaders report to Training and Education on a weekly basis of staff that have been trained. Data is entered in PROMIS Live, which links into PROMIS database.
200	Fires may become uncontrollable due to the inability to extinguish	HS	01-Jan-2002	15	2	HIGH	LOW	J.S	To remain as low risk. Awaiting update.
199	Risk to staff safety / vandalism/theft due to inability to adequately secure premises	HS	01-Jan-2003	9	2	SIG	LOW	M.N.	Quarterly Health and Safety Premises inspections. Bulletin reminding staff to secure premises when leaving unattended. Periodic change simplex lock combination. To remain as a low risk.
198	Risk of injury/electric shock arising from inadequate lighting, loose wiring and faulty plugs.	HS	01-Jan-2003	20	2	HIGH	LOW	M.N.	Quarterly visual inspection by Estates Department Surveyors. 5 yearly IEE/Electricity at Work Act Statutory Inspection. HSE Inspection following electric shock incident. To remain as a low risk.
197	Risk of injury due to workshop equipment	HS	13-Feb-2006	16	2	HIGH	LOW	C.J	Specific H&S awareness training for Workshop staff. To remain as a low risk.
196	LAS staff are subject to verbal assault	HS	01-Jan-2002	12	2	SIG	LOW	RA	High Risk Address Register is to be reviewed in November 2006. Post Violence Support procedure recently updated.
83	Not having suitable facilities to service PTS contracts for vehicles and staff.	FINAN	17-Mar-2003	12	12	SIG	SIG	MD	PTS management currently reviewing practical alternatives using external facilities.
256	Failure to jointly agree rest breaks for all crew staff.	FINAN	25-Jul-2006	12	12	SIG	SIG	M D	Agreed rest break agreement
253	Full CBRN income not received.	FINAN	25-Jul-2006	12	12	SIG	SIG	V.C	CBRN funding awaited. Invoice sent.

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255	Non compliance with EU Procurement legislation	FINAN	25-Jul-2006	9	9	SIG	SIG	P.CAND	Review of Top 200 suppliers underway
158	Until tenders for each project are received, there is the possibility that costs will increase.	FINAN	01-Jun-2004	9	9	SIG	SIG	P.CAND	Proposal to go to RCAG for deletion on 28/02/2007
157	The demanding income levels within the central services budget may not be achieved	FINAN	27-May-2004	9	9	SIG	SIG	N.D	Integration with Urgent Care underway. Budget levels will be adjusted accordingly.
153	Fuel prices in excess of sums held in budgets.	FINAN	06-Jan-2004	16	9	HIGH	SIG	M.S	For 2006/7, holding reserve that cover expenditure up to £1 per litre.
152	Any new or unforeseen cost pressures	FINAN	06-Jan-2004	9	9	SIG	SIG	M.S	Prompt monthly reports at Management Level (Budget Holders).
150	Savings to be achieved to both balance the budget and fund SIP initiatives.	FINAN	19-Dec-2003	9	9	SIG	SIG	M.S	Achieved savings in both balancing budget and funding SIP initiatives. Continuing exercise to achieve same in 2006/07
148	Employers' Superannuation Contributions is not sufficient to cover the additional costs the Trust will incur.	FINAN	19-Dec-2003	16	9	HIGH	SIG	M.S	Received sufficient funding.
147	Funding for the increase for Agenda for Change	FINAN	19-Dec-2003	9	9	SIG	SIG	M.S	Received enough funding for 2006/7.
145	Recurrent effect of CBRN funding needs to be secured as this has been used to fund recurrent staffing.	FINAN	19-Dec-2003	9	6	SIG	MOD	M.S	Finance Director emailed the SHA on the 26/09/2006, requesting release of funds. Awaiting final confirmation of funding (11/1/07)
213	Loss of computer data / information caused by unannounced or pre-warned electrical power cut	FINAN	16-May-2006	3	3	LOW	LOW	SMG	U.P.S systems in place.
212	Power-brake switches activated in Resource Centre, affecting adjacent workstns in MI, during testing of emerg. power generator.	FINAN	16-May-2006	3	3	LOW	LOW	M.N.	CTS Engineer / Electrician on call to reset switches.
191	Not having data sharing protocols enabling patient identifiable information (without permission from the patient)	FINAN	01-Jan-2003	12	3	SIG	LOW	SRM	Head of Records Manager is negotiating with other NHS bodies to set up a possible PAN London Information Sharing Agreement for NHS Trust's.

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*First Level Progress Report:
As at 22nd January 2007*

ID	Risk	Risk Type	Date Opened	Rating (initial)	Rating (current)	Risk level (initial)	Risk level (current)	Senior Manager	Summary of Progress
247	Risk of not delivering benefits of the programme through non-delivery of project outcomes.	CORP	25-Jul-2006	9	9	SIG	SIG	M.B	Senior Managers are being trained through MSP and practice courses. Launch workshops held for all major programme strands. Only the Operational Model programme is live during 2006/07 and programme and project management methodologies are being used to deliver project outputs and realise programme benefits.
269	At shift changeover times, LAS performance falls as we take longer to reach patients.	CLIN	08-Dec-2006	20	20	HIGH	HIGH	R.S	Shift changeover times under review.
71	Risk of not learning and changing practice, as appropriate, as a result of complaints	CLIN	17-Jul-2002	16	20	HIGH	HIGH	R.M.M	Significant review of complaints handling been undertaken by service. Complaints now dealt with at local level. New complaints procedure being produced. Monitoring to be undertaken by RCAG and Complaints Panel.
267	Delay in activating vehicles due to the unavailability of vehicles	CLIN	12-Oct-2006	16	16	HIGH	HIGH	R.S	There have been a number of PALS enquiries, 13 complaints received and 3 notifications regarding inquests. It was proposed that this risk be re-graded from a High/16 to High/20 to reflect the increased risk to the Trust. RCAG decided on the 7/11/06 that risk grading should remain the same. To be reviewed at the next RCAG when there is more data regarding complaints received by the Trust (28.02.07).

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138	Failing to appreciate the significance and urgency of psychiatric illnesses.	CLIN	12-Nov-2003	12	16	SIG	HIGH	KM	Mental Health strategy key points received by the Trust Board for further decisions still to be made regarding training for all frontline staff. Significant training on mental health issues on 5 day CPD Course (roll out ongoing from April 05 to 2yrs) Highlighted at Chief Executive Consultation Meetings.
34	Risk of technicians failing to meet the IHCD requirements	CLIN	14-Nov-2002	16	16	HIGH	HIGH	KM	In addition, a 5-day course will be delivered to operational staff over the next two years, covering clinical refresher and many areas of best practice. A one day module entitled "Promoting Best Practice in the Workplace" forms a key part of this CPD course. Training Officers have received bespoke training to enable them to effectively deliver and role model in this respect.
31	Adverse outcome in maternity cases	CLIN	14-Nov-2002	20	16	HIGH	HIGH	KM	Appointed midwife leftt; a replacement is being sought. In the meantime the Trust has access to a number of midwives for advice re. problematic maternity cases.
207	Risk of not being able to download information from Defibrillators	CLIN	04-Apr-2006	15	15	HIGH	HIGH	R.S	To trial the downloading information from data cards. Trial will begin in January which will then go service-wide, IT support permitting.
22	Failure to u/take comprehensive clinical assessments which may result in the inappropriate non-conveyance or t/ment of patients	CLIN	14-Nov-2002	20	15	HIGH	HIGH	KM	The EMT4 Course which is scheduled to be delivered over a two year programme will go some way to reduce this risk, currently in the region of approximately 400 people have successfully completed the course.

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20	Failure to fully complete the Patient Report Form.	CLIN	14-Nov-2002	20	15	HIGH	HIGH	R.S	Proposed that this be regraded to 15 as failure to complete PRF was moderate/certain rather than none/rare. It was suggested that the forms need to be re-designed to include CAD number and date, a full trial needs to be undertaken. If successful, approval should be sought from the CGC.(May'06) PRFs are still not fully completed. Ethnic box on the form has not been filled in for 94.5% of the PRF documentation audited
211	Drug errors and adverse events not being reported.	CLIN	08-May-2006	16	9	HIGH	SIG	R.S	Produce article for the Patient Care News on any reported drug administration errors.
194	Risk of patients and to viability of research projects with financial ethical and reputational impacts.	CLIN	01-Sep-2004	9	9	SIG	SIG	R.D	Include the principles, importance and processes for Research in all LAS training courses (incl. Corporate Induction and the current CPD course), to be discussed at the Clinical Education Development Group.
188	Paramedics failing to qualify for registration.	CLIN	01-Jan-2002	20	9	HIGH	SIG	R.S	Ensure all staff attend recertification courses. Attendance to be monitored through regular audits.
179	Failure to meet responsibilities under the Race Relations Act	CLIN	09-Feb-2006	9	9	SIG	SIG	P.C	A report, together with a revised Racial Equality Scheme, and workforce data will be added to the LAS website so that it can be accessed by the public. Versions will be available in other languages and formats on request. To implement Diversity Training for all staff.Race Equality and Diversity Implementation Plan (READIP) have been incorporated into the Trust's Service Plan and the Service Improvement Plan.

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165	Delivery of sub-optimal care for patients with age-related needs and failure to meet NSF milestones	CLIN	04-Jan-2005	12	9	SIG	SIG	KJ	Older People Strategy currently being revisited and revised. Results of "Fit To Be Left" research project on older fallers to be presented to SMG shortly with recommendation for action.
133	Risk of potential legal action/negative publicity due to staff being unaware of how to report suspected abuse of children	CLIN	18-Jul-2003	12	9	SIG	SIG	L.S	Protection of Children and Vulnerable Adults Working Party - monitor compliance with LAS policies and procedures relating to this group. Internal audit recommendations being reviewed.
46	Risk of infection to staff due to needlestick injury	CLIN	14-Nov-2002	3	9	LOW	SIG	R.S	The new cannulas are now in use which should hopefully reduce the number of injuries.
63	The risk of incurring liability through the re-use of single use devices	CLIN	14-Nov-2002	8	8	SIG	SIG	F M	Poster distributed to all stations. Arising from recent Infection Control Group discussion.
202	Risk of Cross Infection from uniforms	CLIN	01-Jan-2002	16	2	HIGH	LOW	C.V.	New Uniform is industrial launderable, and trousers will be treated with an anti-bacterial treatment, which will greatly reduce the chance of cross infection.