ID	Opened	Service Line	Specialty/Dept	Handler	Manager (Executive lead)	Consequence (initial)	Likelihood (initial)	Rating (initial)	Risk level (initial)	Risk Description	Cause	Effect	Existing Controls	Consequence (current)	Likelihood (current)	Rating (current)	Risk level (current)	Progress notes	Consequence (Target)	Likelihood (Target)	Rating (Target)	Risk level (Target)	Date of next Review
2296	04/11/2016	Women & Children Services Group	Obstetrics & Gynaecology	Deacon, Mrs Lesley	Deacon, Mrs Lesley	Catastrophic	Likely	20	Extreme / Very High	Potential removal of GP trainess and FY2 layer of junior staff at the deanery visit on 17th November 2016.	Poor experience of Junior Doctors in Obstetric & Gynaecology.	If Junior Doctors are removed - Service will be unsustainable and emergency closure maybe required.	04/11/2016 - Action Plan to be written 04.11.2016 - Extra Locum O&G consultant started 31/10/2016. - Already the initial feedback from junior staff is positive. - Meetings are scheduled with the Trust Educational team, O&G Consultants and Management w/c 07/11/2016.	Catastrophic	Likely	20	Extreme / Very High	[Deacon, Lesley Mrs 27/04/17 13:57:40] April 2017 - MD received communication from the GMC that the current trainee survey had highlighted safety issues within the department. The GMC have contacted the CQC and deanery with a view to remove the trainees from the department. This would make the department unsustainable.	Minor	Rare	2	Low	30/04/2017
2337	18/04/2017	Women & Children Services Group		Deacon, Mrs Lesley	Deacon, Mrs Lesley	Major	Almost Certain	20	Extreme / Very High	Scans performed on certain scan machines by O&G doctors are not recorded on any electronic forum and not formally reported and therefore when repeat scans are conducted there is not baseline to assess new scan against. Cranial Ultrasound done in Paediatrics - images are saved onto the machine but not downloaded onto PACS. Currently the still images are printed and a copy put into the handheld notes. Babies/Children that are transferred to another hospital, have to have the images copied or re-printed as they cannot be seen at the new hospital.	Scan machines in Surgical Assessment Unit (SAU), North Cambs Clinic, Paediatric department and Brancaster clinic are not connect ed to the Trust PACS system.	1. Duplicate Scans 2. No formal reporting of scans and therefore no governance around the results/ outcome. 3. Repeat scans conducted in USS department have no benchmark to assess new scan against. 4. If a woman was to complain/legal action, the department would have no record of the scan being conducted (possibly hand written notes or pictures in notes if doctor has printed them, these pictures have no Pt ID on them and so cannot be related to the pt). 5. If a woman has been told an outcome of a scan verbally, that is later shown to be incorrect there is no way of reviewing the previous scan.	Rely on doctors making a written note in pts notes that a scan has been performed and the outcome.	Major	Almost Certain	20	Extreme / Very High	[Deacon, Lesley Mrs 02/05/17 10:12:03] April 17 - Meeting to be commenced with Radiography to assertain which scan machines are required to be connected to the PACS system.	Insignificant	Rare	1	Low	31/10/2017

392	02/05/2006	Estates	Estates Capital	Clingo, Iain	Stonehouse , Mr David	Catastrophic	Almost Certain	25	Extreme / Very High	Failure of a roof plank is likely to expose a number of people to asbestos (we had a near miss this year due to water ingress). Failure of a roof plank could cause major injury by falling debris or by someone falling through the roof. Failure of a roof plank is likely to cause loss or long term interruption of the local environment. Failure of a roof plank may cause a statutory breach and litigation (because the Trust has know about the possibility for some time and not resolved it).	Pre-cast concrete construction of the building is 36 years old lifespan originally designed to last 25 years. The significant structure is showing signs of deterioration. 2016 - structural cracking found within 2 walls of the area surveyed	Potential risk to service delivery and safety of patients staff and public. 2016 survey report identifies further movement.	Additional monitoring has been implemented in key areas identified as weak points.	Major	Likely	16	High	[Turner, Adam Mr 15/03/17 14:19:19] Funding notionally agreed for future spend - pending NHSI approval	Major	Rare	4	Low	31/05/2017
1029	25/11/2014	Finance	Finance	Pearson, Mr Russell	Stonehouse , Mr David	Major	Likely	16	High	Risk that the underlying recurrent Trust deficit of the NHSI Control Total will not be adequately addressed.	Service pressures including quality standard attainment (including staffing ratios), temporary work premiums, financial inefficiency and structural issues relating to small rural DGHs The aforementioned components are captured in the CPT report	Failure to secure a sustainable financial position to support the required level of major investment in the Trust. Dependency upon financial support from the DOH Inability to plan beyond the very short term and proactively invest in capital infrastructure to support service improvement	Service transformation required both internally and across the local health system to make both Trust and health economy financially sustainable. Articulating strategic initiatives to return to balance a key priority for 5 year plan.	Major	Likely	16	High	[Sabbagh, Guy Mr 27/04/17 10:10:55] Undated following meeting with Russell Pearson on the 27.4.17; Two Trust CIP meetings were held in April 17. A Plan including monitoring of progress is in place for efficiency savings during 17/18.	Major	Possible	12	Moderate	29/04/2017
2260	13/05/2016	Corporate Medical	Trust Wide	Richardson, Mrs Jeannette	Lyons, Mr Nick	Major	Likely	16	High	Potential withdrawal of medical training posts.	Reduced capcity to supervise due to vacant consultant posts HEEoE concerns about delivery of training	Requirement to employ more locum staff with associated quality risks and cost implications Potentially more rota gaps, which may negatively impact on existing trainees Rota gaps may contribute to flow difficulties due to slow completion of medical tasks including discharge	1. CoE: ongoing attempts to recruit to consultant positions including via international route, refreshed educational program for CoE trainees and assignment of educational supervisors. 2. Ongoing action plan following implementation of GMC/HEEoE enhanced monitoring status (Sept 2015) to address acute medical pathway issues including improved handover process, information and support for doctors in using IT systems.	Major	Likely	16	High	[Richardson, Jeannette Mrs 22/05/17 15:11:03] The department will be up to full strength from September, with 3 permanent and one fixed term (2 years) consultants. Representation will now be made to HEE to consider reintstatment of training posts.	Major	Rare	4	Low	28/04/2017

2328	24/03/2017	Corporate Medical	Trust Wide	Lyons, Mr Nick	Lyons, Mr Nick	Major	Likely	16	High	The Locum Drs may decide not to work at this Trust for some or all of April 2017 and perhaps beyond this date as a result of IR35 changes. This is a national risk to the NHS. For the week ending 19th March 2017 there were 296 shifts filled by medical and dental agency workers at QEH. Up to 50 of these Drs are known to have a limited company/PSC.	HMRC have changed the way that they apply the rules of IR35 to all public sector contractors. This includes contractors with Limited Companies and Personal Services Companies (PSC). Currently contractors to the Trust have been outside of IR35. As From April 2017 HMRC will class them as inside IR35 and subject to PAYE.	Could lead to significant workforce implications which may in turn affect the sustainability of some service provision.	Directors have been made aware of risk and they are organising mitigation including: Locums have been informed that they can submit all March time sheets in time to be processed for payment before April. Close liaision with Trust master vendor - ID Medical Engagement activities will happen on 27th and 28th March with ID Medical as the Trust Master vendor and with Brookson (IR35 experts) Identifying where possible those agency Drs that will not continue to work at the Trust and seek appropriate replacements via our master vendor ID Medical Divisional Directors have been asked to produce alternative workforce plans to cover service in the event of reduced locum supply.	Major	Likely	16	High		Minor	Unlikely	4	Low	28/05/2017
1938	13/04/2015	Estates	Estates Capital	Clingo, Iain	Stonehouse , Mr David	Catastrophic	Possible	15	High	Due to historical building defects, there is a risk of existing containment failing to provide the desired 30 minutes protection from fire spread. Containment may achieve 15 - 20 minutes but there is no supporting evidence. For clarity, a ward evacuation takes (under test conditions) 5 minutes.	Original design and installation in the building. Compartment walls are not adequately fire proofed	Reduced evacuation periods and subsequent potential for harm Potential for enforcement notice with possible subsequent legal action (HSE/Fire service) Need to move through more compartments during evacuation	Mandatory staff training includes evacuation and fire extinguisher training. Fire simulation exercise carried out 2015. Fire Policy adapted to allow for identified risks - under regular review. Fire Strategy. Evacuation policy. Appointment of Fire Engineer. SLA with Nifes Fire Safety consultants. Departmental risk assessments. All current and future capital projects regarding construction of areas meet current standards. Replacement of fire doors, purchase of bed movers. Vigilance by all staff to ensure designated fire exits kept clear. Fire alarm and emergency lighting installations. Installation of additional fire detectors. Appointment of project manager. Compliance with CDM regulations around contractors on site.	Catastrophic	Possible	15	High	[Turner, Adam Mr 24/04/17 08:13:32] We have been informed by the finance department that the business case did not go through BIC but went straight to F&P. It therefore must go to BIC and then F&P. The next BIC date is not currently set.	Moderate	Unlikely	6	Low	31/05/2017

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2306	20/12/2016	Surgery 1	Main Theatres	Barker, Ms Elizabeth	Jones, Ms Sarah	Moderate	Likely	12	Moderate	the skill mix of the staff in main theatres at present is not adequate to provide skilled staff to cover all the specialties. There is a risk that the theatre resource will not be fully utilised and that waiting times may increase through the inability to safely staff all theatre lists.	lack of adequately skilled theatre staff.	Staff. accountability for their practice compromised. stress increased due to unfamiliar work, surgeons and environment. teamwork not cohesive as required. exhaustion due to the increased amount of overtime required to meet the needs of the service. increased sickness levels in the department. medical staff stress increased due to working with unfamiliar staff that are not usually part of the team- this can in turn affect the care to the patient. Trust- cancellation of elective cases resulting in reduced income and poor patient experience and trust reputation. increase in complaints and waiting times	cover gaps in skill mix by offering overtime to staff with the skills needed. Last minute changes of individual staff members off duty rota liaise with day surgery unit to identify if any members of their staff have transferable skills to enable them to help main theatres. list cancellations	Moderate	Almost Certain	15	High		Moderate	Unlikely	6	Low	30/06/2017