Risk Register Report (Risk Rating >14) Corporate Format

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
1787	19/02/2015	NONCLI	Infection Control	Coe, Mr David	TD	Catastrophic	Possible	15	High	Pandemic Influenza poses a significant threat to the health of the population due to the ease with which it can be spread human to human by direct or indirect contact. The ability to travel easily to worldwide destinations increase the risk of a Pandemic. There is a potential risk to service delivery in the event of a Flu Pandemic.	Pandemic influenza	Primary Impact include: Loss of staff, Excess casualties,Pressure on health organisations,Excess fatalities. Secondary Impact: Psychological impacts,Economic impacts,Pressure on funeral service providers and associated infrastructure	Planning Policy in place. PPE available & training. Flu vaccination program. IPACs team. Staff skills matrix. HR plan.	Catastrophic	Possible	15	High	[Coe, David Mr 25/01/17 10:55:52] The issue regarding the scoring of this risk will be discussed at the EPRR committee meeting to be held on 10 February 2017 and I will update the risk after the meeting.	Catastrophic	Unlikely	10	Moderate	15/07/2015
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 25/01/17 09:10:28] Business case for L1 fire alarm is currently being prepared with the aim of approval in March / April ready to commence installation in the next FY	Moderate	Unlikely	6	Low	01/03/2017
2061	28/04/2015	Estates	Estates Operational	Clingo, Iain	Clingo, Iain	Catastrophic	Possible	15	High	If the ventilation dampers do not function adequately (triggered by fire alarm activation) fire may spread rapidly through the duct work.	Historical lack of planned maintenance & testing Lack of assurance that the dampers do work	If the dampers do not work there is potential for smoke and fire to move rapidly and randomly throughout the building Random spread of fire would produce a lack of certainty around a planned evacuation of the area	Prevention of accumulation of debris, equipment or obstruction particularly in front of ventilation ducts and escape routes. General vigilance of staff to the maintenance of a safe environment. Ensuring all other fire alert systems are functioning. Staff training - involves awareness and vigilance. Appointment of a Fire Engineer. Contractor appointed and carrying out detailed surveys. Part of all refurbishments specifications take into account all local duct work and additional fire detection systems. Mapping has been carried out for all new areas. Planned maintenance processes being continually reviewed. Contract with Nifes - external Fire specialist contractors. Program of work started Feb 2016. £60k has been allocated in 2016 capital budget. 20% completion of testing and remedial work.	Catastrophic	Possible	15	High	[Turner, Adam Mr 25/01/17 09:05:56] Tender Pack to be produced for issue in the new FY	Moderate	Unlikely	6	Low	01/02/2017
392	02/05/2006	Estates	Estates Capital	Clingo, Iain	Stonehouse , Mr David	Catastrophic	Almost Certain	25	Extreme / Very High	Risk to patient staff and visitors of falling debris if roof integrity fails. 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 25/01/17 08:57:01] Business case approved by BIC and issued to F&P for final approval	Major	Rare	4	Low	24/02/2017

1029	25/11/2014	Trust Wide	Finance	Pearson, Mr Russell	Stonehouse , Mr David	Major	Likely	16	High	Risk that the underlying recurrent Trust deficit of circa £17 million 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	Underlying financial position of trust clearly articulated in terms of sustainability and annual planning process agrees cash support required to address sustainability gap. Short term grip and control processes in place to ensure deficit relates to essential spend to meet service delivery requirements. 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 by June 2016 2016/17 plan supported by £6.5 million of transformation funds with a requirement to achieve a £5.3 million year end deficit. May 2016 - Enhanced monitoring process supported by NHS England & Monitor to ensure 5 year plan jointly agreed with CCG is in place with meetings on a weekly basis.	Major	Likely	16	High	[Sabbagh, Guy Mr 04/01/17 13:11:45] The Trust is fully engaged with the Norfolk wide S&T group where the overall system wide financial sustainability is being considered alongside clinical and quality priorities-No change on the previous month.	Major	Possible	12	Moderate	29/01/2016
2153	01/12/2014	Cancer, Diagnostics and Therapies	Dietetics	Patten, Mrs Susan	Hansed, Mrs Karen	Moderate	Likely	12	Moderate	Current Norfolk-wide contract (with Fresenius-Kabi; hosted by WNCCG for all Norfolk CCG's) due to expire March 2016. New Contract Specification may limit range of equipment & services to vulnerable patients who are tube-fed in own/Care homes. Could increase admissions and A&E attendances. Costs of Feeds and equipment to Acute Trust could increase.	Contract expiring, reduced input into contracting process and increased cost pressures across system. Some Dietetic input into new Contract Specification but limited influence on decision-making.	CCG's will pursue more equitable costs across Community & secondary care; if successful, will increase costs to Trust (Dietetics & Pharmacy non-Pay Budgets); if Contract provides insufficient nursing support for patients in Community, will be increased risk of hospital admissions and A&E attendances for patients; reduced range of plastics, feed and ancillaries offered under Contract will affect quality of care. Last 2 points will increase pressures on Dietetic service (which has a duty of care for these patients but is not resourced to provide this).	Limited dialogue with relevant parties (CCG, Prescribing, Trust and Dietitians employed across Norfolk - including Gt Yarmouth & Waveney).	Major	Likely	16	High	[Patten, Susan Mrs 25/01/17 12:13:24] 25.1.17 meeting between Dietitians (representing the 3 Acute Norfolk Trusts) and Prescribing and Medicines Management at NELCSU. AWAITING FORMAL CONFIRMATION OF PLAN.	Moderate	Unlikely	6	Low	31/01/2017
2260	13/05/2016	Corporate Medical	Trust Wide	Richardson, Mrs Jeannette	Petterson, Mr Timothy	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 05/01/17 09:08:54] Locum consultant level in Care of the Elderly remain consistent which offers some continuity. Recrutment continues to attempt to fill vanacies. Recent Deanery/GMC visit (Dec 2016), to assess improvements to the Acute Pathway, reported that the majority of trainees within medicine (including Care of the Elderly) would recommend the Trust for medical training. A signiciant improvement on previous visits and 2016 GMC survey results. However, lack of substantive consultant cover will remain an issue in regard to the Trust regaining/retaining trainees to the specialty.	Major	Rare	4	Low	31/01/2017