RISK REGISTER - 15 AND ABOVE

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
392	02/05/2006	Estates		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.	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	June 2016 - discussion at risk committee concluded to leave at 16 as deterioration does continue.	Major	Rare	4	Low	31/08/2016
1029	25/11/2014	Trust Wide	Finance	Stonehouse , Mr David	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	June 2016 -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.	Major	Possible	12	Moderate	30/09/2016

2260	13/05/2016	Risk & Governance		Richardson, Mrs Jeannette	Watson, Dr Beverley	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		Major	Rare	4	Low	22/07/2016
1938	13/04/2015	Estates		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	June 2016 - looking to put L1 fire system in place	Moderate	Unlikely	6	Low	29/08/2016

2061	28/04/2015	Estates		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	June 2016 - work on-going	Moderate	Unlikely	6	Low	29/09/2016