Trust risks scoring ≥ 15 20/01/2016

ID	Opened	Consequence (initial)	Likelihood (initial)	Rating (initial)	Risk Description	Cause	Effect	Existing Controls	Consequence (current)	Likelihood (current)	Rating (current)	Progress notes	Consequence (Target)	Likelihood (Target)	Rating (Target)	Handler	Manager (Executive lead)
2199	10/12/2015	Major	Likely	16	Failure to achieve 4 hour standard, ambulance transfer delays	Increased attendances in ED, lack of discharges at the back door	Poor patient experience throughout the organisation due to lack of flow in ED Potential reputational and financial penalties	Escalation process, bed management policy	Major	Likely	16	Risk identified in ED however,due to trust wide implications additional risk added to register\n	Major	Possible	12	Harris Mian	Trish Dunmore
1029	25/11/2014	Major	Likely	16	There is a risk to the financial viability of the Trust.	The Trust does not have a plan to return to financial balance.	Failure to secure a sustainable financial position to support the required level of major investment in the Trust.	We have financial governance infrastructure including SFI' SO's and scheme of delegation. This is policed and regularly inspected through the annual internal audit programme which in turn has reliance place upon it by external audit when they sign off our accounts.	Major	Likely	16	Loan funding support confirmed but revenue loan is £0.6m lower than current forecast. Post CPT joint planning framework designed to create sustainability plan with commissioners by July 2016 to be agreed end of calander year	Major	Possible	12	Mr David Stonehouse	Mr David Stonehouse
1862	11/03/2015	Moderate	Almost Certain	15	Risk of QEH not meeting contractual obligations i.e. cancer targets Patient expectations Damage to reputation	Insufficient capacity at Addenbrookes for Histopathology reporting (Pathologists) Administrative inefficiencies	Delay in diagnosis for cancer patients Cancer target breaches Poor patient experience Potential patient safety issues Increased complaints	Bi weekly conference call to Addenbrookes Monthly face to face meeting Turn around time reports Incomplete cognos reports Letters from CEO to CEO List of outstanding cancer results for weekly chasing Weekly list of Cancer Pathway patients sent to Addenbrookes to check	Moderate	Almost Certain	15	Likely impact on cancer targets expected between january and March 2016	Moderate	Unlikely	6	Hazel Craig	Dr Beverley Watson
2061	28/04/2015	Catastrophic	Possible	15	Fire spreading through ventilation duct work	No maps of ventilation duct system or where fire dampers are or what type the fire dampers are	Smoke moving through the building to an unknown location Potential severe harm or death to staff, patients, visitors and fire service	Prevention of accumulatuion of debris, equipment or obstruction particularly in front of ventilation ducts General vigilence of staff to the maintenance of a safe environment Ensuring all other fire alert systems are functioning Staff training - involves awareness and vigilence Appointment of a Fire Engineer	Catastrophic	Possible	15	Jan 16 - Other best buy hospitals contacted by the trust are not aware of any similar problems with their ventilation\n	Moderate	Unlikely	6	Iain Clingo	Mr Martin Moores
1938	13/04/2015	Catastrophic	Possible	15	Potential for rapid escalation and spread of fire throughout the building	Original design and installation in the building. Compartment walls are not adequately fire	Rapid spread of fire throughout the building using progressive horzonatl techniques Potential for legal action taken against us by the fire service. Delayed egress from building by staff and patients in a fire Need to move through more compartments Potential difficulty locating evacuated patients / staff in remaining evacuated areas This has a direct impact on 1st floor services due to fires being longer undetected (larger growth rate) and lack of fire compartmentation horizontally (between ground and 1st floor).	Staff training including evacuation and fire extinguisher training Some compartments and fire doors however negated by breaches in other elements / areas	Catastrophic	Possible	15	Full multi-faceted review of core fire prevention structure being completed at speed to validate present knowledge and action plan	Moderate	Unlikely	6	Mr Martin Moores	Mr Martin Moores

2154	03/09/2015	Catastrophic	Unlikely	10	The Foundation School HEEoE / GMC may remove foundation trainees because of concerns identified during visits in July & September 2015	Foundation School quality visits in July & September 2015 observed significant patient safety risk due to: Poor handover practice Complexity of overlapping IT systems Failure to undertake timely patient tracking on PAS Lack of clear committement to purchase and implement Nerve Centre & WiFi Delays in pathology reports Lack of feedback from incident reports High workload Low morale	Loss of medical trainees would seriously compromise the Trusts ability to deliver services	PAS tracking is updated by ward nursing staff supported by ADT clerks. Clinical handover sheets are produced manually and reconciled using the PAS record. A revised clinical handover process has been implemented on 2nd September to improve the safety of the process and minimise potential to 'loose' patients to follow-up. This revised process to be externally reviewed by Dr A Choudhury (BHR)in September.	Catastrophic	Possible	15	Next 'enhanced monitoring' visit from the GMC and HEEoE - date still to be agreed. An action plan is being actively pursued in preparation for this	Catastrophic	Rare	5	Mrs Jeannette Richardson	Dr Beverley Watson