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	Corporate	Infection Control	Coe, Mr David	Croker, Mrs Karen	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 23/12/16 08:46:10] updated the rationale and as both the National and Community risk registers have pandemic flu as a very high risk using the likelehood as likely rather than possible i have changed the risk to be in line with both registers. [Coe, David Mr 03/01/17 13:16:45] After consultation i have put the likelehood back to possible. [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. [Coe, David Mr 17/02/17 14:46:53] The EPRR committee debated the scoring risk and decided that as both the Community and National Risk Register had this risk as very high the Trust should mirror this and decided to keep the risk as it is. the Trust has a pandemic flu plan and an Major Incident plan to help mitigate this risk.	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	Catastrophic	Possible	15	High	[Stevens, Louise Mrs 28/04/15 12:38:03] 28/4/15 - Business case to Board today with 6 year costed plan [Clingo, Iain 23/11/16 13:31:27] Tenders for the fire alarm system have been received and are currently being evaluated with a view to value engineering solutions. [Carlton, Emma Mrs 09/12/16 09:11:36] The fire service attended the qehkl on Tuesday 29th of November at 10:00am. Jos and Tony from the fire service were greeted by the fire officer and Dave Coe and were taken to estates to see the linen room and what works have been carried out since the fire, after this they inspected the maintenance records and fire alarm testing logs. Adam Turner then joined the meeting for a half an hour to provide technical guidance on the L1 fire alarm project, fire stopping and containment. The fire service then reviewed record information, fire risk assessments and logs, then went on a walk through the hospital and paid particular attention to the kitchen, the Water Lilly suite, A+E stairwell and costa coffee. Areas of discussion: • Ill-fitting fire doors throughout the hospital, which are regularly risk assessed and maintained • Stairwell at the rear of A+E electrical board requires moving or supressing regarding fire, which is currently being assessed by our fire engineer • Updates of highlighted areas from risk assessments – These have subsequently been updated by the fire officer. • Storage for costa coffee and the supply of fire extinguishers - This is currently under discussion with the lease holders. • The change of philosophy from fire containment to alarm and perceived lack of progress. AT outlined the significant progress that has been made within the last financial year, the rationale behind the philosophy change and confirmed the capital plan for the next two years identifies the significant works that will be carried out over the next two financial years.	Moderate	Unlikely	6	Low	31/05/2017

													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.					[Collins, Mark Mr 11/01/17 09:25:25] The fire inspection on November 29th was on the whole very successful with positives shown from all of the hard work put in by the staff of the Queen Elizabeth Hospital * No improvement notices were issued as a result of the hard work *'Dump the Junk' increased storage and kept the hospital streets clear- to continue 3-4 times per year, also reduced the fermoy link corridors issues with the build up of clutter and broken beds. *Full hospital evacuation took place to ensure compliance with the rro and was recorded in the fire safety log books * Table top evacuation drills were performed and have continued to be performed in high-risk areas * Areas/departments that required help as the result of evacuation drills have had this addressed - support continuing * Departmental/ward drills have been conducted and will continue to be conducted * Fire training compliance increased with extra training sessions including increased numbers of fire wardens and more staff trained on the use of fire extinguishers, extra training sessions on-going * Departmental risk assessments are up to date * Fire audits up to date and a spread sheet created for yearly programme now in place * The fire policy has now been updated and includes the evacuation plan and strategy * The fire risk assessment for the whole site has been updated * The fire manual now located in 4 areas - emergency planner, porters, fire officer and the control room. * Hydrants and dry risers serviced with any faults being repaired, dry risers have also been colour coded * The hospitals first smoking and vaping policy has been created * The hospitals first arson policy has also been created * Issues surrounding fire exit signs has been addressed * Fire extinguishers increased including 2 in the link fermoy corridor * Comms increased for fire safety week 21st November 2016, this is planned for twice a year to ensure compliance, good housekeeping, overall awareness and tackle any complacency after the fire inspection [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					
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	Catastrophic	Possible	15	High	[Stevens, Louise Mrs 28/04/15 13:02:18] 28/4/15 - 25/4/2015 - Estates have had a fire damper maintenance and testing report done by Swiftclean. The report highlights a number of issues where the fire dampers could not be accessed via the duct work to test. Estates are now working on a tender package for the remedial works highlighted in the report.Tender being put together including 5 year maintenance and testing plan. Envisaged end date for completion of work: end Nov 2015 [Clingo, Iain 30/09/16 11:25:33] Fire damper testing is 60% complete, and remedial works lists are now being compiled. Remedial works are going to require funding. [Clingo, Iain 23/11/16 13:26:28] Remedial work temporarily halted due to issues with the contractors. To be re-submitted for tender and appointment of new contractor to continue the work. [Turner, Adam Mr 25/01/17 09:05:56] Tender Pack to be produced for issue in the new FY [Turner, Adam Mr 15/03/17 14:54:57] Tender Package - in production - target date for issue is mid April 17	Moderate	Unlikely	6	Low	28/04/2017
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	[Stevens, Louise Mrs 22/06/16 14:40:43] June 2016 - discussion at risk committee concluded to leave at 16 as deterioration does continue. [Clingo, Iain 30/09/16 11:30:36] Risk remains at 16. The business case is being redrafted and due for completion in November for submission and presentation to BIC. [Clingo, Iain 23/11/16 13:27:50] Risk remains - the business case for roof work will be re-submitted to BIC in January. [Turner, Adam Mr 25/01/17 08:57:01] Business case approved by BIC and issued to F&P for final approval [Turner, Adam Mr 09/02/17 09:24:15] Business case approved by F&P - funding Pending [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
													Underlying financial position of trust clearly articulated in terms of sustainability and annual planning process agrees cash support required to address sustainability gap					[Stevens, Louise Mrs 13/05/16 16:21:44] 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.					

1029	25/11/2014	Finance	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	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	[Stevens, Louise Mrs 01/06/16 16:40:56] 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. [Sabbagh, Guy Mr 23/11/16 12:50:35] Discussed update today with Russell Pearson in the absence of the Finance Director. Current risk level stays at high. Trust engagement with Norfolk wide S&T group is on-going. [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. [Sabbagh, Guy Mr 02/03/17 09:27:57] Updates requested From Mr.Pearson. No updates for Feb17. Previous comments were around full engagement with the Norfolk wide STP group where the overall system wide financial sustainability is being considered alongside clinical and quality priorities-No change on the previous month. [Sabbagh, Guy Mr 02/03/17 11:01:43] Amended service line to Finance.	Major	Possible	12	Moderate	29/01/2016
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	[Sabbagh, Guy Mr 07/11/16 15:35:00] Locum consultant has been recuited to support juniors with acute Gynae work and its associated training. Three O&G consultants were recruited. Open forums were held with the senior leaders to share and feedback on progress. HEE will visit the hospital in Nov16 to follow up on progress. [Sabbagh, Guy Mr 23/11/16 12:00:59] This updated was completed in the presence of Jeannette Richardson, Medial Education Manager. O&G risk has been separated and managed by Divisional Director – Women's & Children's, Head of Midwifery & Nursing. The Care of the Elderly risk centres around the inability to recruit substantive staff. Discussions continue with the directorate about future strategies around long term recruitment and retention. Risk level retained at previous level. [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. [Richardson, Jeannette Mrs 28/02/17 09:34:38] Lack of consultant cover remains a concern. a new action plan isi being formulated following theGMC/HEE visit in December which will include strategies for mitigating the risk this poses.	Major	Rare	4	Low	31/01/2017