Trust Wide Risks ≥ 15 11/11/15

ID	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)	Date of next Review	Service Line	Specialty/Dept
1029	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	2015/16 funding in terms of loan funding support still not confirmed for Capex totalling £6.7 million	Major	Possible	12	30/11/2015	Finance	Finance
1786	Major	Likely	16	The clinical, reputational and financial risk of not treating patients within 62 days of referral	Poor escalation and assurance processes, delayed histology reports from TPP, poor patient pathways with built-in delays. Delays within tertiary centres	Financial penalties, assessment of clinical impact being completed, reputational damage with Monitor, the public, CCGs and the CQC	Breach panel meeting x2 / month between the Trust, TPP and CUH. All breaches validated and investigated Escalation of delays for histology specimens to the TPP service. Weekly analysis of current waits. Escalation from QE CEO to CUH CEO of unacceptable delays.	Major	Likely	16	Interim cancer manager employed to review and improve whole process. Trust working with Strategic Clinical Network who are looking at implementation of NICE guidelines and streamlining pathways.	Major	Rare	4	30/11/2015	Cancer Service Group	
1862	Moderate	Almost Certain	15	Risk of not meeting contractual obligations 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	CPA visit to TPP serious concerns regarding space utilisation in labs. TPP remedial action plan mandates revised trajectory for QEH samples. This will result in TATs increasing Nov to Jan, back on target Feb for full delivery Nov 2016.	Moderate	Unlikely	6	30/11/2015	Diagnostic and Clinical Services Group	Histopathology
1938	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. Amalgamated with risk 1939 & 1937	Moderate	Unlikely	6	30/11/2015	Estates Department	Estates
2061	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	External report on fire dampers complete so locations now known. Visual inspections completed but still unable to access some areas. Remedial action plan in place, likely completion end Nov 15 - agreement to appoint a Fire Engineer to provide specialist advice	Catastrophic	Rare	5	30/11/2016	Estates Department	Estates

2154	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	A planned GMC visit took place on 4th November. The inspectors identified no serious concerns and many areas of good practice. They recognised the actions underway to address the areas of deficiencies. We expect the next 'enhanced monitoring' visit from the GMC and HEEoE in January. An action plan is being actively pursued in preparation for this.	Catastrophic	Rare	5	30/11/2015	Human Resources	General Medicine
1764	Moderate	Possible	9	There is a risk that one of the 3 Xograph general x-ray rooms (which are over 11 yeas old) will fail and spare parts will no longer available	These imaging rooms are in use daily with a 24 hour service provision for at least 1 of the 3 to be available; they are over 11 years old and spare parts are no longer made for this type of room.	There would be an impact on the capability to deliver a timely service to all patients during the normal working day, when demand is at its' peak; patient waiting times (in the waiting room) may be extended. This could impact on other parts of the Trust e.g, out-patient clinics, A&E and wards. there is a financial implication to the Trust if the rooms breaks down permanently.	Rooms 2 and 3 (which have the most unplanned downtime) have a parts and labour contract; the in-house engineers carry out preventative maintenance to try to mitigate any breakdown. Room 1 is no longer repairable and the multiple CR is in use.	Moderate	Almost Certain	15	Work order still awaited, pre installation work identified which will need to be carried out.	Moderate	Rare	3	27/11/2015	Diagnostic and Clinical Services Group	Radiology