Moorfields Eye Hospital **NHS**
NHS Foundation Trust

Report to Board, 23 November 2016	
Report title	Q2 Corporate Risk Register Update
Report from	Geoff Stokes, Head of Corporate Governance (interim)
Prepared by	Geoff Stokes, Head of Corporate Governance (interim)
Previously discussed at	Management Executive, 15 November 2016 Trust Management Board, 22 November 2016
Attachments	Corporate Risk register report Appendix A Risk scoring matrix and process Appendix B Guide to reading and interpreting the corporate risk register Appendix C Corporate risk register

Brief summary of report

Attached is the latest update of the corporate risk register, which has been updated by the executive owners of each risk.

The number of red risks and the number of risks overall have reduced since the previous report presented on 1 September 2016. To make it easier to review, the significant updates from the previous register are shown in red and risks proposed to be deleted are shown at the end of the list (struck through) and will be removed in the next report.

A number of proposed developments have been suggested in section 3 of the report and Board's views are welcomed on these to enable improvements to be made for the next and subsequent reports.

Action Required/Recommendation.

Board is asked to review and note the corporate risk register and provide feedback on the proposals set out in section 3.

For Assurance		**For decision**	**For discussion**		**To note**	✓

Q2 2016/17 update of Corporate Risk Register

1.   Introduction

The corporate risk register (CRR) has been updated by executive leads and has been reviewed at Management Executive. The overall management of risk is governed through the Trust's risk management strategy and policy.

The CRR has been prepared in conjunction with executive directors and other management colleagues and is attached in full at appendix C, sorted in priority order. Appendix B gives an explanation of the columns in the CRR.

Further developments in the production and management of risks are planned to coincide with the introduction of the new clinical management structure.

2.   Analysis

Overall, the number of red risks and the number of risks in total have reduced and are described in detail below.

Previous: Q1 2016/17 risk profile

Corporate Risks	Operational Risks	Risks To Not Achieving Corporate Priorities	Total Risks	New Risks Since Previous Quarter	Risks Rated High
38	15	1	54	8	7

Total Risks (Current)		
High 7	Medium 42	Low 5

Total Risks (With Further Controls)		
High 1	Medium 35	Low 18

New: Q2 2016/17 risk profile

Corporate Risks	Operational Risks	Risks To Not Achieving Corporate Priorities	Total Risks	New Risks Since Previous Quarter	Risks Rated High
37	14	1	52	4	6

Total Risks (Current)		
High 6	Medium 44	Low 2

Total Risks (With Further Controls)		
High 1	Medium 35	Low 16

Headline comparison between review periods:

**Number of red risks have reduced to 6 (7 in the previous period)**

Overall number of risks is down, now 52 (54 the previous period)

Number of new risks is 4 (8 the previous period)

Overall the organisational risk profile is increasing with more red risks, more amber risks and more risks overall. We would expect this with continuing increasing financial pressure on the NHS and the current organisational and NHS-wide challenges. The distribution of risk scores and levels is illustrated further in the diagrams below linked to themed areas within the organisation and also to risk leads.

Moorfields' risks spread widely across the business as would be expected for an organisation of Moorfields scale and complexity. The most serious risks are described below.

Organisational Red risks
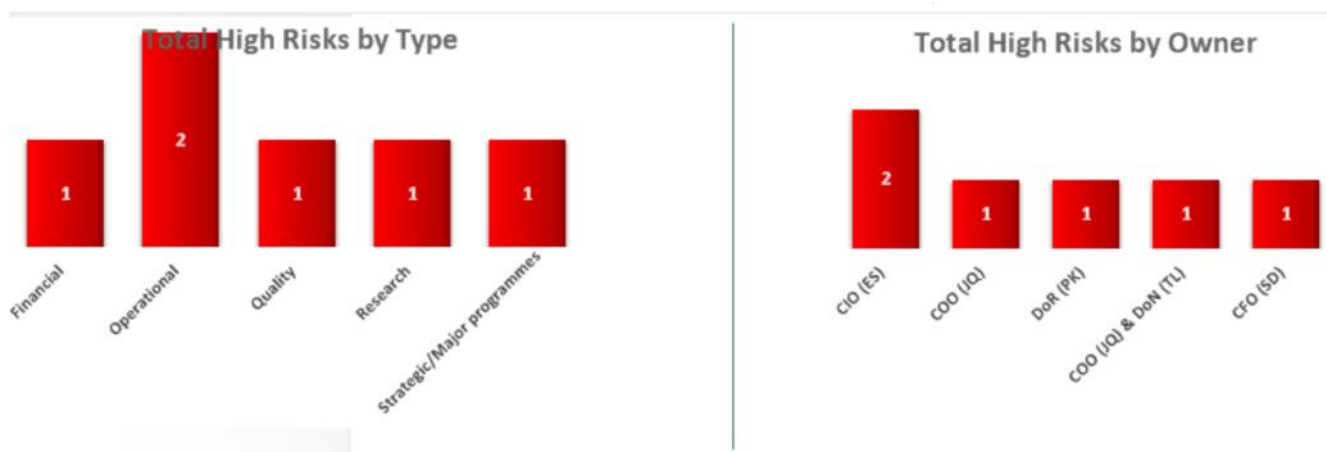
The six red risks are:

C30	Inability to produce viable electronic patient record
C11	Failure to address significant patient experience concerns
C13	Inability to maintain a financial surplus
C41	Clinical Research Facility award
O2	Need to relocate medical records away from City Road
O15	Image data warehouse failure

The CRR (Appendix C) explains on-going and further mitigations. The risk reference directs readers to specific risks.

Total Risks by Type
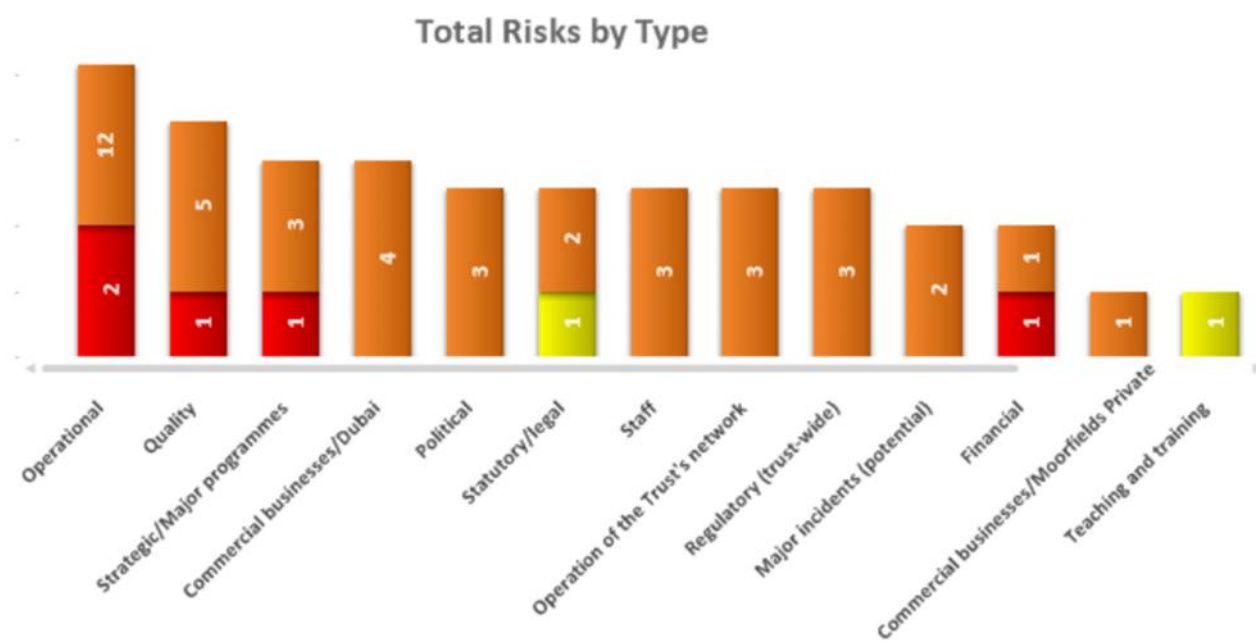
In terms of other risks, most middle (amber) rated risks link to operations, which is expected. Others cluster into key areas of quality, commercial, strategy/major programmes, political and operations of the network.
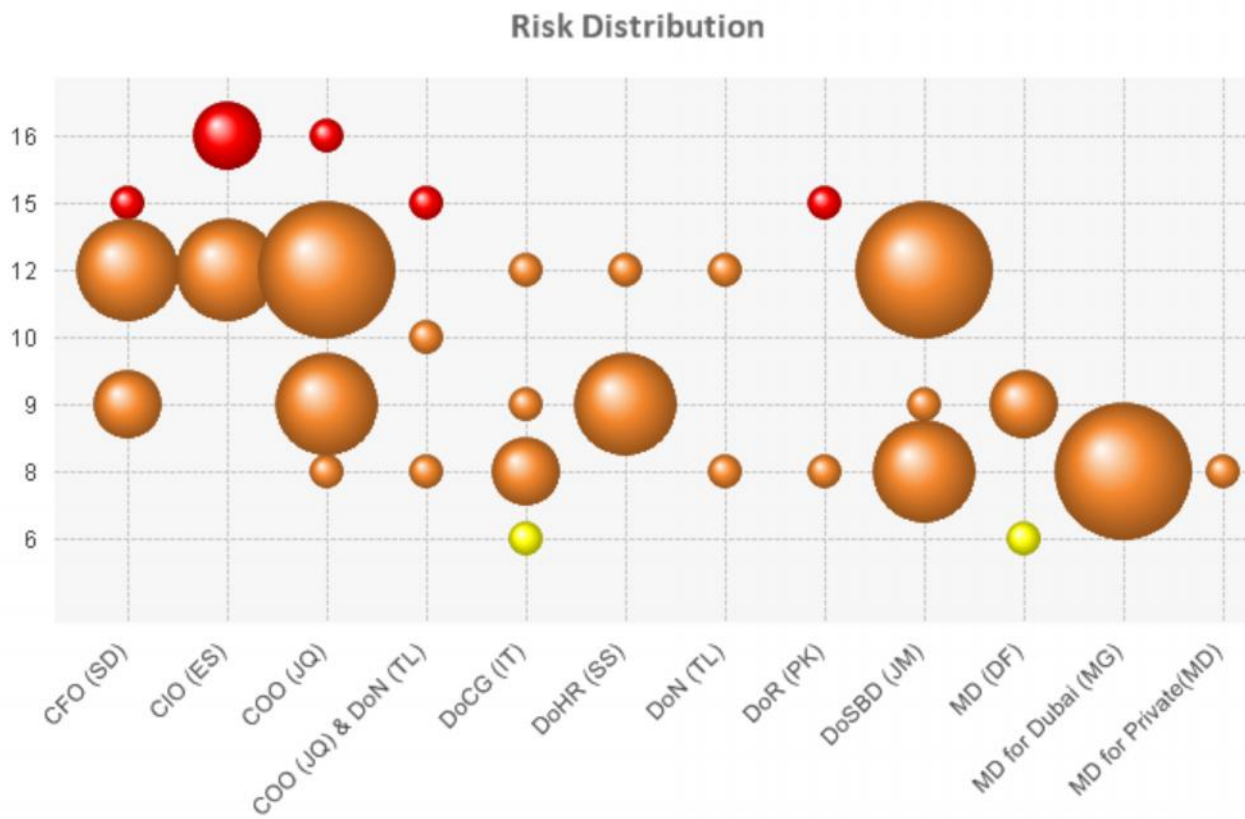
Risk Distribution

(Note: Circle sizes are proportional to the number of risks)

The previous chart and the one below illustrate the distribution of risks by senior owner.

Total Risks by Owner

3. Proposed Developments

In preparing this Board review, a number of proposals for the CRR have been identified on which the Board's views are sought;

- All risks should have a single owner, to increase accountability.
- Responsibility for each action (further controls) should be identified along with likely timescales, which will also improve accountability.
- The component scores (i.e. likelihood and consequence) that make up current scores should be shown. This will make it clearer whether the main driver is the consequence or the likelihood and will also make it easier for the Board to understand how the residual risk scores will be achieved.
- It should be made clearer that the 'assurance' column relates to the assurance that actions to improve controls are being implemented (and therefore there may be different assurance processes for different actions)
- Each risk should be allocated to a corporate priority, so that this can be analysed to understand how our corporate risks map against our corporate priorities

The Boards views on these and any other suggestions for improvement are welcomed, especially on the usefulness of the diagrams in providing an overview of the corporate risk landscape.

4. Recommendations

The Board is requested to consider the summary paper and CRR and BAF (following trust policy) noting the increasing risk profile and comment/discuss.

The Boards views are sought on the proposals in section 3.

RISK SCORING MATRIX

Table 1 Consequence scores

Domains	Consequence score (severity levels) and examples of descriptors				
	1	**2**	**3**	**4**	**5**
	Negligible	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices	Multiple breeches in statutory duty Prosecution Complete systems change required

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
				Low performance rating Critical report	Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment
Breaches of confidentiality involving person identifiable data (PID), including data loss	No significant reflection on any individuals or body. Media interest very unlikely	Damage to an individual's reputation. Possible media interest, e.g. celebrity involved	Damage to a team's reputation. Some local media interest that may not go public	Damage to a service reputation/ low key local media coverage Damage to an organisation's reputation/ local media coverage	Damage to NHS reputation/ National media coverage.
	Minor breach of confidentiality. Only a single individual affected	Potentially serious breach. Less than 5 people affected or risk assessed as low, e.g. files were encrypted.	Serious potential breach & risk assessed high, e.g. unencrypted clinical records lost. Up to 20 people affected.	Serious breach of confidentiality, e.g. up to 100 people affected	Serious breach with potential for ID theft or over 1000 people affected

Table 2 Likelihood score (L)

What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency of occurrence.

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur,possibly frequently

Table 3 Risk rating = consequence x likelihood (C x L)

Consequence scores (C)	Likelihood scores (L)				
	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

1 - 3	LOW risk
4 - 6	MODERATE risk
8 - 12	HIGH risk
15 - 25	Very HIGH risk

Instructions for use

1. Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.

2. Use table 1 to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.

3. Use table 2 to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.

3. Calculate the risk rating by multiplying the consequence score by the likelihood score:

C (consequence) x L (likelihood) = R (risk score)

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1. Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level.

Board assurance framework

There has been wide interpretation of what a Board Assurance Framework (BAF) is across the NHS and there is a high degree of local interpretation. Following extensive discussions between the Audit Committee and Man Exec the BAF was agreed as a combination of documents providing assurance to delivering the organisation's strategic priorities. The key components being:

- The Corporate risk register (including assurance levels)
- Status reports of progress with the trust's corporate priorities (which reflects progress with the strategy year on year)
- Risk profiles set against progress with the strategy, when a progress overview of against the key workstreams of the strategy is available.

A review of the BAF is due and will be considered in line with the timing of the strategy refresh.

Guide to reading and interpreting the corporate risk register

We are continually trying to improve the corporate risk register - this short guide should help.

Column 1 & 2 – Risk number and risk category

There are three types of risk on the corporate risk register.

C = Corporate risk. Those general risks of running a hospital that would be expected to be on a corporate risk register, which may increase or decrease in with time, but are rarely expected to be fully mitigated. This is based on industrial models of risk assessment.

O = Operational risk. Risks that are escalated from directorate or departmental registers which when mitigated will be removed and will feature only on local/directorate risk registers if the need remains.

CP = Risk to not meeting a corporate priority (also known as 'strategic risk'). The Trust implements it strategy on an annual basis via its corporate priorities. This section indicates specific risks to not meeting the corporate priorities and therefore not successfully implementing the Trust's strategy.

Column 3 – Risk type

Defined on a thematic basis. The number of themes is not limited.

Column 4 – Risk description

A more detailed explanation of the type of risk.

Column 5 - Executive owner

Self-explanatory. The initials of the post and post holder have been used.

Column 6 – Source (cause) of the risk

Describes what circumstances create the risk to the organisation.

Column 7 – Existing controls (which drives the current risk rating)

Explains the controls and mitigations that create the current level of risk.

Column 8 – Risk rating score with a date

Describes the risk rating which is scored using the standard NHS scoring model of a 5 by 5 matrix.

Column 9 – Further controls/risk treatment plan (to reduce the current level of risk)

Explains further controls and mitigations that need to be implemented to reduce a risk to a minimum residual level.

Column 10 – Residual risk rating score

Describes the residual risk rating scored using the standard NHS scoring model of a 5 by 5 matrix.

Column 11 & 12 – Date of most recent review and date of next review

Self-explanatory.

Columns 13, 14, 15 - Trend previous, trend current, trend next

Shows the trend from the previous review, the current review and through to the next review.

Column 16 – Assurance provider

Committees or groups that provide assurance about risk mitigation.

Column 17 - Board Assurance level

There are 3 levels. Level 1 = assurance provided by management only. Level 2 = assurance following review by a Board committee or the Board. Level 3 = assurance provided following an internal audit, external review or other similar process.

No:	Risk Category	Risk Type	Risk Description	Executive Owner	Source (cause) of Risk	Existing Controls (leads to current risk rating)	Risk Rating - Current	Further Controls/Risk Treatment Plan (to reduce current risk level)	Residual Risk Rating (with implementation of further controls)	Date of most recent review	Date of next review	Previous level	Current level	Next level	Assurance Provider(s)	Board Assurance level
C30	Corporate Risks	Strategic/Major programmes	Inability to produce a viable product makes OpenEyes as a system untenable	CIO (ES)	Lack of engagement with clinical teams, poor project management, shortage of the appropriate skills and financial resources, could all mean that a minimum viable product cannot be produced	Support outsourced to third party company. Current development outsourced to third party company. Outline Business Case for strategic EMR produced. EMR procurement commenced	16	Procure EMR solution. Develop full business case	8	Nov 2016	Jan 2016	16	16	16	Work led by Programme Steering Group with Oversight by Man Exec and TMB. Overview and Scrutiny of systems from the Audit Committee and external report	Level 3
O2	Operational Risks	Operational	The medical records main storage facility at City Road is not fit for purpose and continues to create a fire risk for the whole City Road site	COO (JQ)	Cramped and overfilled storage facilities of medical records create excessive combustible material in one place. External fire risk assessments have made it clear this must be corrected as soon as possible.	Immediate mitigations have been put in place to organise medical records better to reduce the possibility of combustion.	16	A business case is being developed by Man Exec to re-provide medical records storage off site. This is being progressed as quickly as possible; this problem is complex and is likely to take some months to resolve	4	Nov 2016	Jan 2017	New risk	16	16	Work led by COO supported by Man Exec	Level 1
O15	Operational Risks	Operational	Image data warehouse fails and activity not recorded for bill purposes due to technical failure	CIO (ES)	Data warehouse failure and loss of data warehouse expert (contractor)	Monitoring tool implemented. Manual checks implemented between flex and freeze to check activity unchanged

Some operational duties can be covered on a *basic* level (NB expert contractor is shortly to leave the Trust) | 16 | Monitoring tool implemented. Manual checks implemented between flex and freeze to check activity unchanged.

Employ permanent member of staff

Replacement contractor needs to be sourced on an nterim basis | 12 | Nov 2016 | Jan 2017 | 16 | 16 | 16 | DISB with progress reports to ManEx /TMB and Audit committee | Level 2 |
| C41 | Corporate Risks | Research | Clinical Research Facility Award is due to be announced in November following a month delay | DoR (PK) | This is a competitive award so we could lose funding completely or in part. (£5.3m) | The Research teams are delivering the Early Phase research in the previous applications. Our track record is good for delivery. The Joint strategy is in place and overseen by the Joint Strategy Board. | 15 | Senior teams have an outline plan for dealing with a reduced funding of 25% but this would require review and ratification by Profs Larkin and Khaw should it be required. Communications teams have worked on announcements for a couple of scenarios. | 15 | Nov 2016 | Jan 2017 | New risk | 15 | 15 | Work led by Peng Khaw and Maria Hassard. Trust Board are briefed on progress at intervals | Level 1 |
| C11 | Corporate Risks | Quality | Failure to address significant patient experience concerns potentially impacting on reputation particularly with our Membership Council | COO (JQ) & DoN (TL) | The main risk is that patient waiting times in clinics do not reduce and this could encourage patients to complain or not to choose Moorfields for treatment. Patients may also be discouraged by other areas of poor customer care, for example limited or poor communications | Good progress has been observed with improving customer service and patient interaction. Limited progress has been made to improve communications with patients waiting in clinics. No substantive progress has been made in reducing waiting times in clinics. Complaints resolution focuses on what really matters to patients including patient experience concerns. Membership Council provides additional triangulation and adds more patient perspective. | 15 | A transformation programme has now been established. A key objective of all clinical workstreams is reducing patient waiting times which is a key issue affecting patient experience. A target has been set to reduce wiating times in clinic by 10% in the first instance. | 12 | Nov 2016 | Jan 2017 | 15 | 15 | 15 | Work led by patient experience committee reporting to TMB. Reports provided to Trust Board. Membership Council advised of progress on an on-going basis | Level 2 |

No:	Risk Category	Risk Type	Risk Description	Executive Owner	Source (cause) of Risk	Existing Controls (leads to current risk rating)	Risk Rating - Current	Further Controls/Risk Treatment Plan (to reduce current risk level)	Residual Risk Rating (with implementation of further controls)	Date of most recent review	Date of next review	Previous level	Current level	Next level	Assurance Provider(s)	Board Assurance level
C13	Corporate Risks	Financial	Inability to maintain financial surplus at required level could impact the Trust's future plans (e.g. new build, investment) and potentially have a regulatory impact	CFO (SD)	Income tariffs a particular concern beyond 2016/17, activity volumes or commercial income decrease and/or cost growth; expenditure growth and efficiencies are inadequately managed; capital funds are significantly constrained.	Financial plan/budget development, including cost improvement plans. Major capital expenditure & funding sources identified with loan financing yet to be agreed.. Short term capital investment commenced to maintain and increase capacity of services and improve environment.	15	Continuing longer term financial planning; further improvement of processes and compliance; supporting project/programme management of savings plans. Further improve income & relevant cost analysis in 2016/17. Engage with NHS system robustly where tariff fluctuations are foreseen. Continued capital investment in commercial services.	12	Nov 2016	Jan 2017	15	15	15	Work led by Man Exec and TMB with oversight by Board	Level 2
C3	Corporate Risks	Regulatory (trust-wide)	Moorfields achieves a rating below expectation (minimum good) in May's CQC inspection potentially impacting the Trust's reputation	DoCG (IT)	If the Trust does not prepare well for future CQC inspections there is a risk that a lower rating is attained. This could impact on reputation, morale and have a substantial negative impact on the organisation	The Trust had its CQC inspection in May. Following detailed inspection preparation, the Trust is introducing processes for continuously evaluating and improving current performance against CQC standards; this is linked to overall quality and safety performance. Improvement is also linked to the Moorfields Way, an improvement programme linked to the introduction of new values and improving behaviours.	12	Moorfields is continuously seeking new ways to measure and evaluate its quality and safety performance - the results of May's CQC inspection are awaited and as a learning organisation Moorfields will take all necessary actions as a result of the outcomes.	8	Nov 2016	Jan 2017	12	12	12	Man Exec led Quality and Safety and Audit Committee overview and scrutiny	Level 2
C7	Corporate Risks	Major incidents (potential)	Major IT systems failure which could seriously inhibit day to day function of the hospital	CIO (ES)	Potential for IT infrastructure failure from a number sources	System has been consistently stable for more than 18 months. Disaster Recovery and Business Continuity Plans are documented. A desktop DR test exercise was completed in March 2016. Recovery tested in December when incident occurred. Further configuration changes to secondary server room and network completed in March.	12	DR and Business Continuity plans to be updated. Follow up DR exercise to be performed in September 2016 and again in February 2017. Investigate options to move out of Ebenezer Street and outsource secondary data centre.	8	Nov 2016	Jan 2017	15	12	12	Oversight by IT Systems Security Group and IG Committee and IGToolkit compliance. Oversight through the Audit committee and annual internal audit activity	Level 2
C18	Corporate Risks	Operation of the Trust's network	Poor management of SLAs with our partners at satellites may impact on the quality of Moorfields service provision	DoSBD (JM)	Limited control over the quality of support services provided by the host organisation. Lack of security of tenure in some sites. Moorfields are not core business for host organisations, leading to prolonged processes to achieve change and problems with service delivery.	Bi-monthly task & finish group to focus on current SLAs has resulted in improved position in relation to property agreements (licenses and leases) and clinical/non-clinical support services (SLAs).	12	Further work is required on agreements to support workforce and ICT at satellite sites. This will be addressed by the existing task & finish group.

Documentation for all sites requires review to ensure consistency (there is an aspiration to develop standard formats). This work will be taken forward as part of the vanguard programme.

A clear process for the drafting, signing and monitoring of agreements with host | 9 | Nov 2016 | Jan 2017 | 12 | 12 | 12 | Work led by DoSBD supported by Directorates | Level 1 |

No:	Risk Category	Risk Type	Risk Description	Executive Owner	Source (cause) of Risk	Existing Controls (leads to current risk rating)	Risk Rating - Current	Further Controls/Risk Treatment Plan (to reduce current risk level)	Residual Risk Rating (with implementation of further controls)	Date of most recent review	Date of next review	Previous level	Current level	Next level	Assurance Provider(s)	Board Assurance level
C19	Corporate Risks	Operation of the Trust's network	Key assumptions that underpin capacity modelling for Project Oriel are not achieved creating insufficient capacity in the new build	DoSBD (JM)	Repatriation of patients to satellite sites is assumed in Project Oriel capacity modelling. If this is not delivered, the capacity of the new build will be insufficient. Efficiency assumptions linked to patient throughput are also key to Project Oriel capacity modelling.	Analysis of patients who can be repatriated has taken place across the network. Planning has been undertaken on a site by site basis leading to future expansion at SGH and Ealing. Some repatriation has already taken place.	12	Further analysis, planning and repatriation to take place. Assumptions related to repatriation to be incorporated within annual planning and monitored during quarterly review meetings.	9	Nov 2016	Jan 2017	12	12	12	Work led by DoCID with oversight through Project Oriel Committee	Level 2
C20	Corporate Risks	Strategic/Major programmes	Delay in Project Oriel programme increases costs due to build inflation	DoSBD (JM)	Negotiations with current owner of preferred site are ongoing and an agreed timetable to conclude discussion is not yet in place.	Active engagement with current owner of preferred site as part of NCL sustainability and transformation plan estates workstream, as well as London devolution pilot. Influencing strategy for key individuals across the system in operation.	12	No further mitigations at this stage	12	Nov 2016	Jan 2017	12	12	12	Work led by DoCID with oversight through Project Oriel Committee	Level 2
C21	Corporate Risks	Quality	Backlog maintenance required to support ongoing presence at City Road creates quality and financial pressures.	CFO (SD)	Delay in Project Oriel programme.	Backlog maintenance being dealt with via a prioritised programme.	12	Refresh of backlog review to be undertaken in Q4 2016/17 / Q1 2017/18 to set new benchmark for the next 5 years.	12	Nov 2016	Jan 2017	12	12	12	Work led by DoEs with oversight from Quality and Safety Committee	Level 2
C40	Corporate Risks	Statutory/legal	Failure to meet statutory obligations for management of our esatate and estate related issues, such as building or facilities compliance.	CFO (SD)	Complex multi site network, located in many buildings with ageing infastructure, with reliance on other organisations to undertake works, checks and provide assurance in many Trust sites.	The Trust has a system for recording all stautory and mandatory compliance, recording the area of compliance for each site and identifying where areas of non-compliance exist.	12	Further work is required to enhance the assurance mechanisms in place and provide more regular and detailed reporting through the Trust governance structure and to the Board.	12	Nov 2016	Jan 2017	New risk	12	12	Oversight by infection control committee and through to the Quality and Safety Committee.	Level 2

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O6	Operational Risks	Operational	Restrictions in the commissioning of anti TNF alpha drugs for the use in some inflammatory disease treatment may create adverse implications for current and future patients who require these medications	CFO (SD)	Restrictions in commissioning of the anti TNF alpha drugs.	Moorfields has created a £200k fund for temporary funding. A paediatric policy has been agreed nationally	12	Further work to be undertaken with NHSE to agree adult policy	9	Nov 2016	Jan 2017	12	12	12	CFO via Man Exec and TMB	Level 2
O7	Operational Risks	Operational	Because of the location of the Eye Bank in the basement, it has been subject to flooding (and potentially further flooding) and this could impact substantially on the key service it provides	COO (JQ)	The Eye Bank has flooded 7 times in 4 years due to different failures. Most recently (August 2014) the Trust had an SI due to the most recent flooding of the drains.	Controls have been put in place to deal with the most recent cause of flooding. However the recent SI panel concluded that there remained potential to flood from other sources.	12	Plans to relocate the Eye Bank are under consideration and this will remove this risk. Timescale still several months.	4	Nov 2016	Jan 2017	12	12	12	Led by CFO and estates team	Level 1
O10	Operational Risks	Operational	There are no written safeguarding agreements between Moorfields and the local safeguarding teams. However there are up to date policies that explain the processes of who to contact if a child or an adult is deemed as vulnerable	DoN (TL)	Service Level Agreements (SLA) lack specific information but currently being updated	Flow chart within SGA and SGC policy for all satellite units have been produced and implemented.	12	1. Revised policy and procedures 2. Written agreement with host satellites to ensure processes are in place and working	9	Nov 2016	Jan 2017	12	12	12	Led by DoN	Level 1
O14	Operational Risks	Operational	Imaging equipment at satellites disconnected from network - risk data not backed up or linked to Open Eyes.	CIO (ES)	Kit moved by on site staff or kit breaks down and loan equipment not connected to network	Monitoring programme developed for Open Eyes to check connectivity	12	Seek alternative connection mechanisms including supplier responsibility for data extract Audit all equipment, ensure asset register correct and confirm network connectivity	8	Nov 2016	Jan 2017	12	12	12	DISB with progress reports to ManEx /TMB	Level 1
C12	Corporate Risks	Quality	Poor quality data could impact on patient care, targets and income	COO (JQ)	The absence of robust systems for data entry (for example standard operating procedures) and robust checking processes to ensure data quality is monitored and if necessary corrected, could impact on patient care, targets	A data quality group is leading the development of systems to ensure robust data entry, monitoring and review. A priority is RTT data as the Trust received a qualified report from the external auditors at the end of 2014/15. A data assurance framework describes the approach to improving data quality for all the key areas across the	12	A data quality action plan has been written based on the reports from internal and external audit. An action plan has been developed which is being monitroed through the Trust Access group.	9	Nov 2016	Jan 2017	12	12	12	Management Executive, Audit Committee review. Internal audit reviews/audits	Level 3

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C15	Corporate Risks	Staff	Serious industrial relations problems develop potentially impacting on the Trust's ability to run services	DoHR (SS)	Government restrictions on NHS pay; more potential for pay negotiation. Serious industrial problems might lead to problems with service delivery. National dispute over the junior doctors' contract, new consultant contract proposals are due. Potential need to make staff redundant in response to severe financial pressures	Local and National employee relations policies in place to limit extent of any serious action. Includes local Partnership Agreement & Joint Consultative Process. Employee engagement practices, including internal communications in place. Industrial Relations Contingency Plan in place. On-going formal and informal engagement with staff and unions through JSCC or as required. Industrial action contingency plan included in business continuity plans.	12	Continued communication and engagement with staff. Positive engagement with staff during the national negotiations of the new junior doctor contract and especially when strike action is planned to minimise impact.	9	Nov 2016	Jan 2017	9	12	9	This is being monitored by the Management Executive with reports to the Board as required	Level 2
C17	Corporate Risks	Operation of the Trust's network	Operating models and service quality may vary across multiple satellite sites creating potential inconsistencies in services	DoSBD (JM)	Inconsistency of approach to delivery of services and outcomes, ineffective resolution of problems in a timely fashion, with inappropriate escalation. All this could impact on the overall success and reputation of the organisation.	~~Reasonable confidence that service quality and care is consistent across the whole organisation although this is not universally evidence based.~~ Local quality partners have been introduced in Moorfields South and North. Local quality and safety dashboards have also been introduced. Quality partners will help identify variation in service quality between satellites and put actions in place to address issues. Policies are in place across the whole organisation including all network sites.	12	Establishment of the vanguard programme to assess the current satellite model. This will identify strengths and weaknesses of the model as well as developing a toolkit to ensure consistency of approach for future expansion.	9	Nov 2016	Jan 2017	9	12	12	Work led by vanguard programme team, with input from directorates and compliance team	Level 2
C29	Corporate Risks	Strategic/Major programmes	Increased demand, relatively high vacancy rate, with reliance a key members of staff may impact on service and project delivery	CIO (ES)	Back log of projects identified and difficulty recruiting to certain posts.	Contractors fill key roles. Recruiting to posts permanently. Temporary bank contracts to cover key projects	12	Re-advertise key vacant posts and use "head hunters". Recruit contract staff to bank.	9	Nov 2016	Jan 2017	12	12	12	DISB with progress reports to ManEx /TMB	Level 1
C31	Corporate Risks	Strategic/Major programmes	There is a risk that the organisation does not transform fast enough hence is not fit for purpose due to changes in health system policy and to change in time for	COO (JQ)	Good progress has been made with some workstreams but performance is variable across other, for example, the booking centre, the management of clinical records, glaucoma and six day working	The Q1 monitoring report against the corporate priorities (July 2015) indicates that work is underway against these workstreams with identified leadership and resource. There has been a specific refocus on glaucoma with a new launch. A detailed piece of work of mapping patient pathways and flows has commenced which has the potential to inform similar work across a	12	The transformation programme is being completely revised as the Service Improvement and Sustainability programme. This work is viewed as a 1-2 year programme.	9	Nov 2016	Jan 2017	12	12	12	Work led by the Man Exec and TMB with some reports to the Board	Level 2
O13	Operational Risks	Operational	Likelihood of on-going theatres plant breakdown on Duke Elder ward at SGH causing potential impacts of 1) Missing targets 2) Loss of income 3) Reputation There is believed to be very low risk to	COO (JQ)	There are a number of causes as to why the theatres plant is now in a substantially weakened state	Moorfields continues to consider contingencies to re-provide surgery in alternative theatre space but has so far been unsuccessful. Moorfields continues to negotiate with SGH (host Trust) for them to fund repairs directly or for Moorfields to carry out repairs. Also to potentially alter the contractual responsibility so Moorfields has direct control over theatres	12	Plans are being developed to build a new service including theatres. This will rereduce the likelihood. Timescales for this are yet to be agreed.	3	Nov 2016	Jan 2017	12	12	12	Led by COO, DoN with support from Man Exec	Level 1

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O11	Operational Risks	Operational	Non-compliance with paediatric NSF and CQC requirements (SGH)	COO (JQ) & DoN (TL)	Lack of appropriate specialist paediatric trained staff No segregated space for children to be reviewed on the ward awaiting pre-assessment	Play specialist available for one paediatric clinic per week. All staff trained to a minimum of level 2 in child protection and key staff trained to level 3	10	Recruitment of appropriate specialist staff underway which will remove this part of the risk. Any new facility will be designed and built with dedicated separate children's space. Timescales to be confirmed.	5	Nov 2016	Jan 2017	10	10	10	Led by COO, DoN and Man Exec	Level 1
C8	Corporate Risks	Quality	Not meeting minimum mandatory training standards	DoHR (SS)	Failure to meet or exceed minimum mandatory training standards in some areas leading to possible deficiencies in patient care and governance	Consistent improvement has been seen since mandatory training has been linked to appraisal/pay progression. Regular HR and workforce reports continue to show upward trend. Oversight by mandatory training group	9	Insight system is now embedded across the organisation. Reports continually produced to hold departments/managers to account. The number of training courses being made available on eLearning is steadily increasing.	6	Nov 2016	Jan 2017	12	9	9	Reports to Man Exec, TMB and Trust Board	Level 2
C5	Corporate Risks	Regulatory (trust-wide)	Monitor (NHSI) licence breached or governance risk rated as red seriously impacting the Trust	DoCG (IT)	The powers of FTs are set out in legislation and individual FTs' licences. FTs must comply with these at all times or regulatory consequences may be imposed	The trust maintains financial surplus. There are no serious potential operational breaches to the trust's licence, although data quality is an issue which the trust continues to work on. The COO is focussed on driving data quality improvements through better systems, SOPs etc. Much better knowledge of performance against CQC standards is now available	9	Moorfields will consider and act on the outcomes of its CQC report when published, and also consider its impact on potential breach to its licence.	9	Nov 2016	Jan 2017	9	9	9	Management Executive/ Trust Management Board. Audit/Q&S Committee and Board review of performance	Level 2
C9	Corporate Risks	Quality	Serious clinical incident(s) impacting on reputation, compliance with contracts, compliance with regulations etc.	MD (DF)	There are many potential causes of clinical incidents including clinician error, clerical error, communication problems, systems failure etc.	Robust clinical governance arrangements exist. Generally good clinical procedures and guidelines are in place. The level of Serious Incidents remains fairly consistent from year to year and very low compared to other acute NHS organisations	9	Revised SOP being developed to address potential of swabs left in cavities	9	Nov 2016	Jan 2017	9	9	9	Clinical Governance Committee's. 6 monthky Q&S report to Quality and Safety Committee	Level 2
C10	Corporate Risks	Quality	Failure to identify and/or address existence of poor clinical standards leading to poor clinical care, potentially impacting on reputation	MD (DF)	The main risk is that high standards of clinical practice are inconsistent across the Trust which could lead to a wide range of outcomes both good and bad	External peer review results from London School of Ophthalmology (June 2015) confirms excellent SPR medical training. Robust incident and complaints systems are in place to detect poor outcomes from patient perspective. Medical revalidation encourages reflection of practice. Quality Assurance Framework supports review of exceptions	9	WHO checklist compliance is not completely consistent and is being reviewed. Report to be taken to Quality & Safety Committee	6	Nov 2016	Jan 2017	6	9	6	Work led by clinical effectiveness committee, reporting to the clinical governance committee which reports to TMB. Oversight provided	Level 2
C14	Corporate Risks	Financial	Significant lapse in financial governance/stewardship impact on the Trust's ability to manage it's finance with potential regulatory impact	CFO (SD)	Non-compliance with established governance and control framework e.g. Constitution, SFIs, SOs.	Good controls are in place. SOs and SFI revised regularly. Comprehensive internal audit plan. Integrated budgeting & business planning for 2016/17 and 2017/18.	9	Internal audit of governance & controls compliance, effective financial reporting. Further controls being implemented for capital planning, reporting and procurement.	3	Nov 2016	Jan 2017	9	9	9	Audit committee overview supported by consistently good internal & external audit reports; NHSI feedback on annual plans and associated CoSRs; Trust Board	Level 3

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C16	Corporate Risks	Staff	Inability to shift the culture of Moorfields and improve poor staff survey ratings for bullying, harassment and discrimination.	DoHR (SS)	Lack of embedding of the behaviours set out in The Moorfields Way	Behaviours published and woven into existing policies and processes	9	Local action plans to be imbedded to bring TMW to life in every part of the trust. Trust wide actions in support.	6	Nov 2016	Jan 2017	9	9	9	This is being monitored by the Management Executive with reports to the Board as required	Level 2
C25	Corporate Risks	Political	Government plans for the NHS impact adversely on Moorfields	DoSBD (JM)	The Trust's strategy and direction is consistent with reforms, most recently the NHS Five Year Forward view. However funding risks remain particularly from tariff adjustments and NHS England specialist commissioning arrangements	Director of Strategy and Business Development oversees, with team. Strategy refresh underway	9	Refresh of organisational strategy. Additional resource provided to business development team.	9	Oct 2016	Jan 2017	9	9	9	Led by DoSBD/CFO with S&I committee oversight and reporting to the Trust Board	Level 2
C39	Corporate Risks	Staff	Inability to recruit and retain staff due to Brexit, leading to staff shortages	DoHR (SS)	UK vote to leave the EU on 23 June 2016. 20% of current workforce are from the EU	Currently recruitment is open world-wide and is not restricted to EU applicants	9	Provide advice and guidance for existing staff to secure their status to continue to live and work in the UK	6	Nov 2016	Jan 2017	New risk	9	9	To be determined	tbc
O1	Operational Risks	Operational	Failure to meet RTT18 open pathways performance targets in prescribed timescales could have financial, regulatory and reputational impact	COO (JQ)	From 1 October 2015 only the open pathways target applies. The risks lies within the handover from the previous RTT 18 regime to the new one and the need to ensure that the number of patients waiting beyond 18 weeks is reduced and those	Activity plans continue to be developed alongside new monitoring and tracking regimes. This will incorporate any further learning from the work of the Intensive Support team	9	A new RTT weekly rhythm has been put in place with prescribed activities during the week to oversee access for patients with the regulatory times. This is directly overseen by the COO.	6	Nov 2016	Jan 2017	9	9	9	Work led by Man Exec & TMB. Regular reports provided to the Board	Level 2
O5	Operational Risks	Operational	In relation to the ocular oncology service, the potential not to achieve the 31 day target national following a decision to admit which might create delays in patient care	COO (JQ)	Due to patient choice there are times when this means that the time to treatment exceeds the 31 day target. Due to the small number of patients in this service this makes it more difficult to reach the required target.	There are regular performance meetings witin the service to monitor the target and develop plans to deliver the target. NHSE are invited to these and minutes shared with them.	9	This will be mitigated by streamlined and efficient management of patient pathways so that potential breaches can identified clearly and prevented where possible.	9	Nov 2016	Jan 2017	9	9	9	COO via Man Exec and TMB	Level 1
O8	Operational Risks	Operational	Important medical information may be missed and care compromised due to poor tracking of patient notes and poor availability at clinics	COO (JQ)	1) High use of temporary patient medical notes. 2) Failure to amalgamate temporary notes with originals. 3) Notes not found in time for clinics. In combination these factors create an overall risk to patient care.	1) Better PAS guidance on case note tracking. 2) Correct preparation of medical records. 3) Strict authorisation policy for the use of temporary records. 4) Project to reunite temporary notes with patient records and to keep the number of temporary notes to a minimum is making good progress. There are signs this is leading to improvements. Biggest improvement is arising from the A&C review and the formation of a closed library	9	A business plan is being finalised to introduce RFID to track notes which will help in not requireing temporary notes and also to have the records of site which will improve the general management of the notes	6	Nov 2016	Jan 2017	9	9	9	Led by COO, and Health records steering group; oversight through Man Exec	Level 2

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CP4	Risk to not achieving corporate priorities	Ensure financial stability, delivering a surplus in 2016/17 (corporate	Slower than desired growth in our commercial activities required to strengthen the trust's financial position	CFO (SD)	As detailed in the Q1 corporate priorities Board update in July, aspects of plan are behind schedule and flagged red within the corporate priority	The CFO is taking action to bring this part of the CP back on track.	9	No further mitigations at this stage	9	Nov 2016	Jan 2017	9	9	9	Led by CFO, with reports to ManEx/TMB and Board	Level 2
C1	Corporate Risks	Statutory/legal	Serious breach of statutory obligation(s) e.g. H&S, fire, infection, data protection, with the potential to cause statutory or legal breach and potentially patient harm	DoCG (IT)	Hospitals are subject to a multitude of statutory duties and responsibilities. Failure to capture, monitor and manage these could lead to breaches and to regulatory and/or legal action. Prolonged failures may lead to patient harm.	Controls exist through management oversight groups, for example fire safety and infection control. The large majority of policies are up to date and obligations are met. Additional scrutiny and challenge is provided by the audit, the quality and safety committee and the Board. Local compliance regimes were strengthened in preparation for May's CQC inspection supported by a programme of reviews and walkabouts.	8	A specific piece of work is taking place in relation to improving Medical records storage at City Road. Increased due diligence is taking place as a direct consequence of risks highlighted in the St George's FT CQC inspection report (published 1 November 2016). Backlog maintenance is covered under risk C21. Also see risks C2 and O2.	8	Nov 2016	Jan 2017	8	8	8	Man Exec led. Quality and Safety committee overview and scrutiny	Level 2
C6	Corporate Risks	Major incidents (potential)	Major internal or external incident causing harm to staff, patients or the public; or impacting on trust's ability to maintain services	COO (JQ)	There are many possible incident types including fire, flood, power failure, gas leak, building collapse, terrorist threat etc.	The Trust has an emergency response policy. Business continuity plans are in place. Senior leaders receive briefings from the emergency planning lead as required	8	Business continuity plan is subject to regular, multi-disciplinary exercise programme.	8	Nov 2016	Jan 2017	8	8	8	Led by Man Exec. Emergency planning group meets regularly and reports to risk and safety committee. Plans are subject to testing	Level 1
C26	Corporate Risks	Political	Regional/local NHS plans impact adversely on Moorfields	DoSBD (JM)	Lack of alignment with CCG plans particularly with progressive development of more community based services. Over time this would weaken Moorfields' service delivery.	The ongoing refresh of Moorfields' organisational strategy will ensure appropriate consideration of commissioning strategy. Additional resource is being provided to the business development team to ensure relationships with local commissioners and primary care providers (GPs and optometrists) are proactive and responsive to emerging trends.	8	Refresh of organisational strategy. Additional resource provided to business development team.	8	Nov 2016	Jan 2017	8	8	8	S&I committee oversight; led by Man Exec, with periodic reporting to Trust Board	Level 2
C27	Corporate Risks	Political	Implementation of Moorfields' strategy is seriously delayed	DoSBD (JM)	Contributing factors include developing the key workstreams to implement the strategy, an inability to secure necessary finance; planning delays; contractual difficulties	Progress has been made across all the workstreams. Annual planning has been aligned to the strategy through strategic and operational plans. Given our progress, it is unlikely that there will be any serious impairment to delivery of the strategy. Board review of strategy takes place annually/bi-annually.	8	A strategy refresh is in progress and will deliver a revised strategy in the autumn of 2016.	8	Nov 2016	Jan 2017	8	8	8	Work led by Man Exec. S&I committee oversight, with periodic reporting to Trust Board	Level 2
C28	Corporate Risks	Reputation	Gradual or sudden loss of reputation	DoSBD (JM)	A number of factors could influence this situation arising including serious clinical failings, a consistent failure to improve the experience of patients waiting too long in clinics, a serious failure to meet key targets, a serious failure to address key risks.	The Trust believes it is minimising the risk of reputational loss through fulfilling its strategy, delivering its targets and leading with a culture of continuous improvement. Governance arrangements utilise monitoring/feedback controls and assurances etc. to ensure that the organisation is sensitive to changes and can respond accordingly. The Trust maintains a moderate surplus.	8	All of the factors relating to this require continuous vigilance which has been strengthened in view of an impending CQC inspection.	8	Nov 2016	Jan 2017	8	8	8	S&I committee oversight; led by Man Exec, with periodic reporting to Trust Board	Level 2

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C34	Corporate Risks	Commercial businesses/Dubai	UAE licences not obtained, revoked or not renewed (Dubai)	MD for Dubai (MG)	It is a legal requirement for UAE health units to have operating licences. Operating licenses can be withdrawn pending investigation into serious incidents or not passing regular inspections of the Health Authority of Abu Dhabi (HAAD) or Dubai Healthcare City (DHCC)	**Dubai** A CPQ regulatory inspection took place in January 2015 in Dubai with very good outcomes. More mature and structured process is in place, including visits from MEH staff, which has led to more joined up clinical governance arrangements and a more consistent improvement programme of UAE. A full time quality manager and a medical diretor are now in post who facilitate reporting to CPQ	8	CPQ, the regulatory body of Dubai Healthcare City will inspect MEHD in January 2017. This is the regular licensing inspection that occured every two years.	8	Nov 2016	Jan 2017	8	8	8	MD of Moorfields Dubai via CEO and Trust Board.	Level 3
C35	Corporate Risks	Commercial businesses/Dubai	UAE licences not obtained, revoked or not renewed (Abu Dhabi)	MD for Dubai (MG)	It is a legal requirement for UAE health units to have operating licences. Operating licenses can be withdrawn pending investigation into serious incidents or not passing regular inspections of the Health Authority of Abu Dhabi	**Abu Dhabi (MECHAD)** MEHCAD has obtained all the mandatory and required operating and commercial licenses to operate an Eye care facility in Abui Dhabi.The regulatory body for healthcare in AD is the Health Authority of Abu Dhabi. HAAD sets the standards for healthcare facilities, clinical services and professional licenses. The Joint Venture has a	8	The audit process of MEHD is now applicable in MEHCA. We have implemented a dedicated and tailored governance structure based on the model and experience of our partners in Abu Dhabi to monitor and control this risk.	8	Nov 2016	Jan 2017	8	8	8	MD of Moorfields Dubai via CEO and Trust Board.	Level 2
C36	Corporate Risks	Commercial businesses/Dubai	Major problem impacting on operations	MD for Dubai (MG)	UAE units are relatively small. Adequate backup arrangements are in place	**MEHD** 1) We have in place three levels of backup (RAID, offsite tape, and UK-based servers) Paper based clinical record system is on standby. 2) Physical premises - exploring an off-site option 3) A new capacity assessment process of the current servers is currently in place. We are also evaluating the new demands on connectivity with our different operational sites and the volume of data expected to host for the next 2 years.	8	No further mitigations at this stage	8	Nov 2016	Jan 2017	8	8	8	MD of Moorfields Dubai via CEO and Trust Board	Level 2
C37	Corporate Risks	Commercial businesses/Dubai	Serious clinical or other incident impacting on reputation or compliance with licence conditions	MD for Dubai (MG)	Lack of effective processes and procedures. Poor training and lack of clinical leadership.	Maintaining high clinical standards, reporting incidents early and being open and transparent with regulator. Good links with Moorfields in London ensuring that lessons are learned where necessary. Implementation and consolidation of Clinical Governance practices in MEHD and MEHCAD. Systematic clinical internal audits from MEH to MEHD and MEHCAD.	8	No further mitigations at this stage	6	Nov 2016	Jan 2017	6	8	8	Several years track record of good clinical practice with no serious incidents impacting on clinicians reputation. MD of Moorfields Multi-site operations	Level 2
C38	Corporate Risks	Commercial businesses/Moorfields Private	Inability to maintain or grow business and grow business profitably	MD for Private(MD)	There are a number of influences on the private patients business including, the availability of capacity, our ability to market services, our reputation for providing a good quality services. Not growing the PP business puts further pressure on the NHS during tougher financial conditions	The business is mature. An LLP has been developed which is supported by the majority of consultants and this may develop further into new operating arrangements. A substantial expansion is taking place for the Cayton Street facilities, for use by Moorfields Private which is hoped will support the expansion of the business.	8	As discussed the October Board, business cases for development of private practice service and infrastructure are being developed	4	Nov 2016	Jan 2017	8	8	8	Work is being led by the Managing Director of Moorfields Private with oversight from S&I committee. MD of Moorfields Private provides reports via CEO and Trust Board	Level 2

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O4	Operational Risks	Operational	Ability to involve required number of appropriately trained medical staff to lead research resulting in too few studies taking place	DoR (PK)	Too few doctors available to lead research	Programme underway led by Dep CD of Clinical Research Facility Dr Richard Lee and Mr Praveen Patel to work with peers to champion research involvement.	8	Review incentives, reward and recognition for this endeavour.	8	Nov 2016	Jan 2017	8	8	8	Frank Larkin and Peng Khaw	Level 1
O9	Operational Risks	Operational	Risk to vulnerable patient care, as well as legal, reputational and financial risks due to staff within the organisation not following the principles of the Mental Capacity Act 2005.	DoN (TL)	1. Lack of knowledge / specific training around the Mental Capacity Act 2. Lack of accountability if required processes are not complied with	1. Action plan developed and policy and procedure around the Mental Capacity Act 2005 is being written, including the use of a specific recording tool for staff. 2. Basic awareness training including "lunch time" sessions; formal training at clinical governance committee days are taking place 3. Sourcing external trainers to deliver MCA guidance; 4. Establishing Safeguarding champions; 5. Developing "Mental Capacity Assessment Pocket Prompts" for all clinical staff.	8	1. Implement policy 2. Deliver training to all staff groups 3. Evaluate the application of the policy	8	Nov 2016	Jan 2017	15	8	8	Led by DoN and Man Exec	Level 1
C4	Corporate Risks	Regulatory (trust-wide)	CQC registration licence revoked or significant conditions attached seriously impacting Trust's services	DoCG (IT)	If the standard of care drops to a low level this could prompt the CQC to inspect and impose conditions, or revoke the Trust's registration potentially meaning it would not be able to deliver specific, or potentially all services	The Trust was registered on 1 April 2010 without conditions and has maintained this. The standard of care remains high including improved outcomes data, low numbers of SIs, good FFT responses, decreasing numbers of complaints. There is no data to suggest the standards of care are declining. A Quality Partner model is being introduced to provide more local support to drive quality and safety. Much better knowledge of performance against CQC standards is now available across the whole organisation	8	Work is taking place, led by the Quality and Safety team, to make better data and information via a quality dashboard available at a local level.	4	Nov 2016	Jan 2017	5	5	5	Led by Quality and Safety team. Quality and Safety committee oversight and scrutiny; Audit committee scrutiny including from internal audit. Internal audit reports supportive of CQC compliance systems	Level 2
O12	Operational Risks	Operational	Non-compliance with mixed sex accommodation standard	COO (JQ) & DoN (TL)	There are only six beds on Duke Elder ward (2 side rooms and 1 four bedded bay). Current configuration of the ward lacks flexibility	Staff are as flexible as possible to ensure minimal breaches by full use of the side rooms	8	Develop a plan to redesign the ward/ review options for patient flows	2	Nov 2016	Jan 2017	8	8	8	Led by DoN and Man Exec	Level 1
C2	Corporate Risks	Statutory/legal	Illegal or ultra vires actions seriously impacting the Trust's services	DoCG (IT)	The Trust Constitution, Standing Orders and Standing Financial Instructions and policies must be up to date to reflect the latest legislation and guidance to minimise the chance of staff actions being ultra vires or illegal.	The Constitution, SFIs and SOs are undergoing review. Trust policies are up to date to a high standard and maintenance mechanisms are in place.	6	Work continues to maintain documents in line with the FT code of governance; policy revisions continue as part of business as usual. Also see risk C1.	6	Nov 2016	Jan 2017	6	6	6	Man Exec led with Audit Committee & Quality and Safety Committee overview and scrutiny	Level 2

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C23	Corporate Risks	Teaching and training	Failure to attract sufficient MPET funding could impact on education standards of trainees	MD (DF)	A failure to attract MPET funding would lead to the Trust being unable to fund and train juniors and would have a serious impact on patient care. This could be caused by low educational standards or a lack of engagement with the Deanery	Re-visit by Deanery in April 2016 noted improvements on previous cause for concern report in June 2015.	6	No further mitigations at this stage	9	Nov 2016	Jan 2017	9	6	6	Oversight by the Medical Director and Man Exec/TMB	Level 1
C22	Corporate Risks	Research	Biomedical Research Centre and Clinical Research Facility Awards will end by 31.03.17. A re-	DoR (PK)	This is a competitive award so we could lose funding completely or in part.	The Research teams are delivering the science outlined in the previous applications. Our track record is good for delivery. The Joint strategy is in place and overseen by the Joint Strategy Board.	15	Joint approach and emphasis on research talent and integration	8	August 2016	Expect outcome of bid before next	8	15	15	Work led by Peng Khaw and Maria Hassard. Trust Board are briefed on progress at intervals	Level 2
C32	Corporate Risks	Commercial business/pharmaceuticals	Market forces result in downward pressure on price impacting profitability	MD for Pharmaceuticals(AK)	Tightening of hospital budgets, tenders and competition	MP manages relationships with key customers and monitors market data from various sources to inform decision making. Active tender management programme in place.	9	No further mitigations at this stage	9	August 2016	October 2016	9	9	9	Managing Director of MP maintains regular review through MP Board and Leadership Team, and reports to Trust Board quarterly	Level 2
O3	Operational Risks	Operational	Inability to source full complements of nursing ENP staff to the A&E department	DoN (TL) and DoHR (SS)	There are a limited number of ENPs available to staff A&E and more are being encouraged to join the bank.	Discussions continue with ENPs so they can be on the staff bank. Doctor locum support for A&E remains good. Further assessment will be undertaken to identify if there is any additional risk that needs to be considered and at what level.	9	A longer term solution is the completion of the A&E service review which will revise the clinical operational model and restructure the staffing model	6	August 2016	October 2016	9	9	9	Reports to TMB	Level 1
C24	Corporate Risks	Environmental	Failure to meet our carbon target could result in financial penalties or other sanctions	CFO (SD)	The Trust is required to meet carbon reduction targets which will result in financial penalties if they are not met (although these are not large). There is also a potential reputational impact for prolonged non-compliance.	The Trust is paying additional carbon tax for 2014/15 for slightly exceeding its carbon tax emission limits. However mainly due to efficiencies and a substantial reduction in carbon emissions by Moorfields Pharma, there will be no breach in 2015/16. Assurance is provided by regular reports to the Trust Board.	6	No further mitigations at this stage. Over time (1-2 years) this would be expected to improve to a green rating.	4	August 2016	October 2016	6	6	6	Carbon management steering group/Man Exec; reports to Trust Board	Level 2
C33	Corporate Risks	Commercial business/pharmaceuticals	Failure to maintain continuity of supply of medicinal products	MD for Pharmaceuticals(AK)	Inability to provide product due to regulatory action or other risks including product performance issues or failure of a third party contract manufacturer	Suppliers have been through an approved supplier process, including audit, and are monitored on a regular basis. Contractual arrangements define the supply relationship including requirements to adhere to regulatory standards	6	No further mitigations at this stage	6	August 2016	October 2016	6	6	6	Managing Director of MP maintains regular review through MP Board and Leadership Team, and reports to Trust Board quarterly	Level 2