Agenda item 15

ID	Opened	Strategy objectives	Responsible Lead / Handler	Manager (Executive lead)	Exec / Director	Rating (initial)	Risk level (initial)	Risk Description	Cause	Effect	Existing Controls	Consequence (current)	Likelihood (current)	Rating (current)	Risk level (current)	Progress notes	Consequence (Target)	Likelihood (Target)	Rating (Target)	Risk level (Target)	Date of next Review
392	02/05/2006	Patient Risk (Quality)	Clingo, Iain	Hunter, Nichola	Finance	25	Extreme / Very High	There is a direct risk to life and safety of patients, visitors and staff of the trust due to the potential of catastrophic failure of the roof structure due to structural deficiencies.	Pre-cast concrete construction of the building is 40 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. The Trust is working with the East of England HEFMA Estates Group to ensure a consistent approach to managing risks across the region and nationally. Initial Radar Survey to 3 pre-selected Roof Zones was undertaken to help identify plank locations along with an initial assessment of reinforcement Further internal and external intrusive investigations are now underway within the 3 designated Zones whereby sample cores and assessments can be made and conclude the structural investigation report. Plan drawn up showing every RAAC panel with unique identifier competed MLM have provided an updated safe loading capacity for Fire Brigade Access and they provide advice before placing any additional loads on the roof structure. Completion of level survey by laser level to the underside of the RAAC roof units and their supporting RC framework to establish the deflection profile of all areas of roof structure. The results of the survey shall be reviewed by a Structural Engineer. Strategy agreed with Structural Engineer for managing risks associated with shear point failure (i.e. failure of the RAAC panel near the end point supports). Worked with the Structural Engineer to identify a SOP for managing risks associated with extreme weather events (i.e. snowfall, heavy rainfall, heatwave, strong winds, etc.) when the risk of structural failure may be enhanced. Follow Structural Engineers advice regarding the need to open-up any RAAC panels in order to determine the physical condition of the structure. Review and analysis of RAAC deflection survey. Obtain advice from Structural Engineers (WSP) including a report detailing the action plan and management strategy to mitigate the risk of structural failur Follow Structural Engineers advice regarding the need to open-up any RAAC panels in order to determine the physical condition of the structure. Desktop evacuation was undertaken in 2019 and 2020 which included requirement to evacuate site due to plank failure - to repeat desktop evacuation plan every 12 months. New suite of action cards developed based on cards produced by the West Suffolk and circulated to wards and departments, estates and switchboard teams. General communications released giving reassurance and detailing how staff should report any issues regarding RAAC panels.	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Woodcock, Douglas 21/04/21 13:41:23] Risk was reviewed and approved at AREG in April, with a verbal update from the Health and Safety Manager noted. [Carlton, Emma Mrs 20/04/21 11:14:40] Progress Update 20.04.21: Castons have carried out a detailed survey of approx. 45% of the roof and advise that there is approx. 4-5 months remaining to complete the work. Further to this, there is another 2 months work to survey all external RAAC wall panels. As at 20.04.21, 16 more Acrow props have been installed, there are now 61 props in place in total, the locations of which are mapped. An additional 32 timber beam failsafe's have been fitted, which has saved installing that same amount of Acrow props again, which would have otheriwse impacted on services. Wherever possible, timber beam failsafes will be installed going forward as an alternative to Acrow;s in order to preserve and maintain bed spaces and access routes. [Carlton, Emma Mrs 25/03/21 08:27:45] Risk reviewed and updated 25.03.21: The total number of roof planks identified on the plans is 7,881 (the estimate was 10,000) The number of planks fully surveyed is 3,156, The percentage surveyed is 40% Following survey work undertaken to date there are 131 props around the site. There are 90 defective planks plus the 75 identified in the gym, previously estimated at 100 planks, total is 165 planks, across 42 areas of the Trust. The CCU work remains on track for completion and a seperate risk will be added to the register to reflect CCU. [Woodcock, Douglas 24/03/21 09:38:45] Risk reviewed at AREG in March 2021. No changes to the risk grading were proposed, and the changes to the controls and narrative were approved. However, it was noted that a new risk was proposed to be added to the risk register specifically in relation to the deterioration of the roof in CCU.	Major (4)	Rare (1)	4	Low	04/05/2021

																[Carlton, Emma Mrs 12/03/21 14:07:47] On Tuesday 9th March 2021 21 planks were detected in CCU (Critical Care Unit) 14 of which were showing major damage due to services cut into the planks. Following advice from MLM and internal discussion the critical care unit was closed on the evening of 10th March 2021 and the function was moved to main theatres – the moves have been completed by the morning of the 11th March. The unit was already partially unoccupied due to planned estates work. The Trust had to relocate patients in the unit, into theatres. The Trust has declared an internal major incident as a result and a communications plan is in place. Daily meetings are in place and the timescale is for installation of failsafe within 14 days. Castons have provided a diagram of the affected planks within the first surveyed area of CCU, with further survey to continue, and complete on Tuesday 16th March 2021					
2244	04/03/2016	Patient Risk (Quality)	Harvey, Sarah	Longmuir, Mrs Debra	Chief Operating Officer	12	Moderate	There is a risk that patients presenting with acute mental health needs, assessed as requiring an admission to a mental health care bed by NSFT (therefore with a decision to admit time) will remain in the emergency department for prolonged periods due to a lack of community inpatient mental health beds . This is a suboptimal environment for patients in crisis, leading to a poor patient and staff experience, with delays for these patients to access the required inpatient assessment and treatment.	Potential long waits to access community services so patients present at A&E Assessment inpatient beds for patients with severe dementia is only available in Norwich No MH bed management between midnight and 8am.	Poor patient experience Detained patients being unable to access the required assessment and treatment for their mental illness Trust assumes care to patients outside of core commissioned services Increased risk of harm to staff and other patients. Higher risk of self-harm events from MH patient cohort whilst not in specialist facility. Trust at risk of breaching statutory and regulatory requirement including 12 h breaches from decision to admit from ED. Potential delay in assessment and treatment Negative impact on internal patient flow	Locally there are 16 mental health beds which has been a static number of many years and in Norwich the number of beds was increased by 10 in 2017. NSFT also have available some additional block booked beds at Southern Hill Hospital. There are current plans in place to extend the availability of older persons beds at the Julian Hospital but no firm dates for this yet. Out of area beds are available at the discretion of the NSFT on call manager / care group and the CCG.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 21/04/21 13:45:13] Risk reviewed at AREG in April 21. Although it was noted and agreed that Trust escalation processes have improved, no changes to the risk grading were proposed due to there being no changes to the external mitigations. [Woodcock, Douglas 15/04/21 10:36:15] Risk reviewed by COO and Deputy COO. Although Trust escalation processes have improved, there have been no changes to external mitigations in place. Risk grading to remain the same [Woodcock, Douglas 24/03/21 09:42:36] Risk reviewed at AREG in March 2021. Risk grading to remain the same; the acuity and number of mental health patients presenting at ED may increase as the trend has been post-lockdown. Mental Health Trusts have not as yet made any further mitigations. [Woodcock, Douglas 04/03/21 13:55:32] Risk reviewed by April Brown & Denise Smith. Slight amendments to the wording of the risk description and risk controls made. Risk to be potentially downgraded as the current likelihood may be too high. To be discussed at AREG.	Moderate (3)	Unlikely (2)	6	Low	30/04/2021

2592	16/05/2019	Patient Risk (Quality)	FS2	FS2	Medical Director	20	Extreme / Very High	There is a risk that patients may receive sub-optimal care / treatment, with failures in: - Outcomes - Safety - Experience	Inconsistent compliance with standards and policy Inappropriate skills mix / capacity Ineffective training Ineffective leadership Poor communication with patients and carers Failures in documentation and record keeping Lack of patient involvement / choice Sub-optimal pathways and poor flow through the organisation Failure to identify and manage risk effectively Very high demand for services Lack of community capacity / social care Failure to assimilate learning	Higher rates of avoidable deaths Patient harm Increasing incidence of Infection outbreaks Poor patient outcomes Poor patient satisfaction Increased number of SIs / Never Events Poor regulatory / accreditation inspection outcomes & regulatory intervention Adverse media coverage / reputational damage Poor patient flow DTOCs and people being cared for in an inappropriate environment Delayed treatment Highly pressured working environment for staff Contract breaches	•New divisional structure with greater accountability •Mortality Lead, Medical Examiner and Medical Examiner Officer appointed. •End of Life Care Improvement Plan in place with clinical lead •Regular Performance reviews •Integrated Quality Improvement Plan refreshed and in place supported by Quality Improvement team •IPR - performance variable. Positive on Stroke and Diagnostics. Reducing DTOCs. Emergency planning in place to mitigate risks associated with COVID-19 43 of 46 CQC conditions, should dos and must dos internally closed at Evidence Assurance Group and moved to BAU. Positive feedback from Grant Thornton audit in relation SI process and learning. There is an improving position in relation to out of date guidelines and policies. 5 s31 and 5 s29a conditions closed by CQC. Clinical Review programme paused during Covid but supported by senior leaders working clinically. Additional resource in place to support End of Life patients and management of deteriorating patients. Positive feedback from unannounced CQC inspection. • Improving position on Clinical Guidelines (from 20% to 13.7% to date) and NICE Guidelines (down from 23 to 2) New Deputy DIPC in post. IPAC rating improved to green. Positive assurance received from NHSI. Full assurance from NHSI Learning from Deaths Collaborative regarding weekend HSMR. Full assurance on Dr Foster analysis regarding overall HSMR. • Clinical review group reinstated as of 31 March 2021. • New deputy chief nurse in post • New palliative care lead nurse in post.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 21/04/21 14:04:30] Risk reviewed at AREG in April 21, with the amendments to the controls approved. No changes to the risk grading were proposed. [Woodcock, Douglas 08/04/21 14:09:53] Risk reviewed and approved by medical director. Amendments made to the controls based on staffing vacancies filled and clinical review group resuming. No changes to the risk score were proposed at this time. [Woodcock, Douglas 24/03/21 09:44:44] Risk reviewed at AREG in March 21. The changes to the controls were noted, and no change to the risk grading was proposed. [Woodcock, Douglas 15/03/21 12:09:44] Risk Reviewed and approved by Medical Director. Slight amendments made to the controls based on the latest IPR. Risk level to remain the same.	Major (4)	Rare (1)	4	Low	03/05/2021
2634	27/08/2019	Patient Risk (Quality)	Everitt, Mr Matthew	Jones, Ms Sarah	Chief Operating Officer	15	High	There is a risk that patients will not receive timely access to cancer treatment in line with the cancer waiting time standards.	Capacity not meeting demand particularly in the diagnostic phase. Histology/Pathology results are delayed Patients are not informed of negative results in a timely manner Lack of capacity in both clinics and Theatre. Heavy reliance on Tertiary Centres	Delays may cause avoidable death or serious harm, shortened life expectancy or prolonged pain, poor patient experience. Adverse media coverage or public concern about the organisation. Inability to meet the cancer waiting time standard.	Harm Review policy implemented (breach analysis completed for patients who have breached the 62 day referral to treatment standard and harm review completed for patients exceeding 104 days). Weekly PTL and escalation meeting to DLT Weekly Corporate PTL with Ops Leads Weekly Tertiary PTI with NNUH Recovery trajectory in place. The Trust is engaged with the cancer intensive support team and has an agreed improvement plan in place. Colorectal Cancer surgery has now restarted as of Tuesday 2nd Feb and should be secured now going forward. More capacity has been introduced to bring down the long waiting times for diagnostics. Numbers on pathway are beginning to decrease in some areas.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 21/04/21 13:56:46] Risk reviewed at AREG in April 21. The amendments to the controls were noted and approved. No changes to the risk score were proposed at this time. [Woodcock, Douglas 15/04/21 10:38:34] Risk reviewed by COO and deputy COO. Although risk was approved a minor amendment to the risk controls was requested. [Woodcock, Douglas 08/04/21 16:40:50] verbal update provided by lead nurse for cancer. Risk narrative slightly amended to reflect colorectal surgery recommencing in February. No changes to the risk score are recommended at present. [Woodcock, Douglas 24/03/21 10:23:30] Risk reviewed at AREG in March 21. Although the risk was approved, a changing to the narrative was requested as most recent review suggested that all cancer surgery was paused which was not the case except for colorectal surgery. [Everitt, Matthew Mr 09/03/21 15:51:48] The reintroduction of Surgery is having a positive impact on the waiting time of patients. The backlog is now reducing week on week snd currently sits at 36 patients.	Minor (2)	Possible (3)	6	Low	30/04/2021

2643	16/09/2019	Patient Risk (Quality)	Underwood, Victoria	Berns, Mrs Nicola	Medical Director	16	High	There is a risk that patients are unable to access safe and effective diagnostic imaging at the trust to service level standards which may affect their clinical care, due to insufficient staff in diagnostic imaging.	Capacity of radiology services. Specifically vacancies in Radiologists (Risk 2352), Radiographers (Risk 2273) and Sonographers (Risk 1750). The Trust was without a substantive Manager between 2017 and 2020 due to the long term sickness absence of the previous incumbent.	In patients: Delays in access to diagnostic imaging for emergecny patients can lead to delays for those patients and failure to meet 4h emergency care standard. 7 day operational services not routine leading to delays in inpatient care and discharge which impairs flow through the hospital. Out patients: Frequent breaches of the 6 week diagnostic standard. Limited access to timely high quality diagnostic imaging services could lead to further delays in patients pathways, particularly on RTT waiting times (Risk 956) and 2ww cancer pathways (Risk 2634). Maternity Services - Reduced Access to ultrasound services for maternity patients requiring GROW scans (Risk 1750). Delays in Clinicians receiving Radiology Reports due to Reporting Backlog leading to delays in treatment pathways. Risk to patient safety if inadequate cover both in and out of hours services. OOH is currently more vulnerable due to all weekend and Bank Holiday hours being covered by Radiographers working "Bank" (Rostered)hours over and above their substantive contracts.	2020:Substantive Manager appointed 2021 - staffing Business Case submitted; increasing Reporting Radiographer Capacity business Case submitted; Apprentice Radiographer Business Case submitted Interim Manager has recently been appointed.(2019) Interim Manager is reviewing current staffing and establishment against demand and capacity and it is likely that investment will be required to address this risk. Interim Manager completing Business Case relating to overseas recruitment. Radiologists - posts filled, however some are new to Consultant role or are in speciality doctor posts Sub-contracted radiology services (Everlight) are in use to provide additional radiology reporitng capacity and to support the reporting of images out of hours. Use of agency radiography staff.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 21/04/21 13:58:47] Risk reviewed at AREG in April 21. The risk narrative was discussed; the risk manager queried if this should perhaps be a Trust-wide risk, if all divisions were having issues with waiting times. The governance manager for radiology advised that this risk is not just about waiting times, but also about staffing levels and the overall culture within radiology. Risk to remain specific to radiology. [Woodcock, Douglas 08/04/21 15:07:33] Risk approved by medical director. Governance manager for CSS to provide an update on current waiting times and backlog for scans at AREG on 20 April 2021. [Woodcock, Douglas 30/03/21 13:35:33] update provided by governance manager for CSS. Risk remains the same, with no significant changes to controls. Substantial vacancies remain within radiology. [Woodcock, Douglas 24/03/21 10:29:27] Risk reviewed at AREG in March 21. No change to the risk score was proposed. Substantial vacancies currently remain within radiology. However, the controls remain the same, and greater assurance of the controls is in development. [Woodcock, Douglas 10/03/21 16:12:04] Risk reviewed by medical director. Cultural programme has commenced within radiology to improve working lives which may improve recruitment and retention. Risk level to remain the same.	Moderate (3)	Rare (1)	3	Low	30/04/2021
2679	15/11/2019	Patient Risk (Quality)	Raghuraman, Dr Govindan	O'Brien, Carmel	Chief Nursing	12	Moderate	There is a risk that patients reaching the end of their life do not have an individualised plan of care (IPOC) which has been agreed with the patient. This is also a 'must do' recommendation from the CQC	Low numbers of patients with IPOC in place at end of life. Processes not consistently applied across trust for patients at end of life. IPOC process requiring review.	Poorly managed care and experience of patients at end of life. Patients suffering potential delays in symptom management on palliative pathways.	1. Newly Redesigned End of Life care team has commenced in March 2021 and through this team, comprehensive review of all terminally ill patients will be undertaken. This multidisciplinary team will ensure that all patients identified to be in their terminal phase of illness will receive palliative care with amelioration of their symptoms. We hope that this important change will start to see improvement in this risk. It will take at least 6 months before we start to see real improvement 2. Capture of IPOC has been difficult through monthly audits with a sample of patients. We have clarified this process and we can track this accurately through the Recognise and Respond Forum and provide us this assurance. The IPOC uptake for January was 41% based on this measurement. We have set a threshold of 80% to aim for in the first instance. Again, the newly redesigned team will ensure that all patients requiring individualised plan of care will have appropriate documentation which will also ensure timely provision of palliative care. 3. Relaunch of ReSPECT training programme to improve awareness on the co-designing care with patients. 4. Discharge planning team has redesigned to facilitate provision of care in their preferred place. This is being tracked through discharge planning team.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 21/04/21 14:02:22] Risk reviewed at AREG in April 21. Although the changes to the controls were approved, the director of nursing noted that more controls could be added in relation to the recent changes to the end of life team. Risk manager to work with DoN to make these amendments. [Woodcock, Douglas 07/04/21 12:59:55] Risk reviewed by Chief Nurse; changes to the controls were approved. [Woodcock, Douglas 29/03/21 10:44:49] Risk reviewed by Deputy Medical Director, with controls amended. No changes to risk scoring proposed at this time. [Woodcock, Douglas 24/03/21 10:35:23] Risk reviewed at AREG in March 21. The changes to the controls and risk description were approved. No change to the risk scoring was proposed, as work towards compliance is ongoing. [Woodcock, Douglas 09/03/21 10:33:37] Risk reviewed by Raghu and Carmel, with the controls updated and risk description slightly amended. [Woodcock, Douglas 24/03/21 10:35:23] Risk reviewed at AREG in March 21. The changes to the controls and risk description were approved. No change to the risk scoring was proposed, as work towards compliance is ongoing.	Moderate (3)	Possible (3)	9	Moderate	30/04/2021

2757	10/06/2020	Process / Corporate Risk	Jones, Ms Sarah	Jones, Ms Sarah	Chief Operating Officer	20	Extreme / Very High	There is a risk that patients may receive sub-optimal care/treatment due to potential failures associated with the Trust's Estate, Digital Infrastructure and Medical Equipment. This could affect the ability of the Trust to modernise the hospital (estate, digital infrastructure and medical equipment) to support the delivery of optimal care. This could also impact the Trust's ability to acheive one of it's six strategic objectives (SO2).	Old hospital estate with significant backlog maintenance issues •Significant financial implications associated with further treatment of aligned risks such as roof •Many clinical areas known to need refurbishment, upgrades or improved layout or facilities Trust recognised as being digitally 'immature'. In 2019, the Trusts within the STP undertook a HIMSS Electronic Medical Record Adoption Model (EMRAM) Based on the assessment The EMRAM score for QEH was 0.03950. The national mean is 2.3.	Trust potentially unable to modernise the hospital (estate, digital infrastructure and medical equipment) to support the delivery of optimal care. This could impact the Trust's ability to acheive one of it's six strategic objectives (SO2). This risk could impact the Trust's ability to move out of Special Measures. There is also a potential for Reputational damage – trust identified as technological 'laggard' though improvements realised as part of Trust's COVID response	• The Trust has submitted a case as part of the Health Infrastructure Plan 2 and continues to progress a case for a new hospital • The BMI Sandringham site has been acquired by the Trust and will increase capacity for elective services. • Capital Allocation has been made at an STP level and a Strategic Capital Board is in place with each organisation represented at Executive level. • An allocation has been made to the Trust with only prior year commitments and critical capital spend being approved whilst a detailed Capital Plan and Capital Programme was developed. This programme aims to address critical backlog issues and investment requirements on a risk based assessment. Executive level monitoring of progress against the development of the plan and the expenditure incurred. • STP Digital Strategy, and Annual digital plan in place – NED engagement in STP workstream. • In partnership with STP colleagues, the Trust is on a journey to develop ICT technologies and transformational service solutions and has a clear digital roadmap for delivery for this financial year and beyond. This includes the implementation of RIS / EPMA as well as the development of business cases for E-Obs and a system wide EPR solution. • Cyber plan in place, cyber security reports and internal audits to Audit Committee and Board • Local and Regional Resources identified to deliver digital strategy and cyber plan with national match funding available.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 21/04/21 14:03:36] Risk reviewed at AREG in April 21. No changes to the risk grading were proposed. It was noted that this risk will pass to the director of finance for exec ownership as of this month. [Woodcock, Douglas 15/04/21 11:35:04] Risk reviewed and approved by COO and deputy COO. No changes to the risk score were proposed at this time. [Woodcock, Douglas 24/03/21 10:38:55] Risk reviewed at AREG in March. No changes to the risk scoring were proposed. [Woodcock, Douglas 11/03/21 14:03:34] Risk reviewed by Chris Benham director of finance. Slight amendments made to controls, risk to remain as graded.	Major (4)	Unlikely (2)	8	Moderate	28/02/2021
2849	24/03/2021	Patient Risk (Quality)	Gray, David	Hall, Nigel	Deputy Chief Executive	20	Extreme / Very High	Digitally enabled clinical services are rendered unavailable due to a cyber incident affecting patient throughput, outcomes and safety.	Modern cyber threats can be very sophisticated. They may not be specifically targeted at the NHS or any particular Trust but we can all still be unintended casualties. A malicious cyber-security related attack on the Trust's digital systems and / or information can occur from external or internal sources. Example initial malware access paths include phishing emails and drive by downloads. Example cyber attacks include ransomware, data compromise and other malware adverse effects plus network based denial of service attacks. Cyber risk is very much like fire risk. It never goes away no matter how many detection and suppression systems are put in place, or how much you prepare people, e.g. mandatory training, fire wardens. The treatment is to minimise the risk as far as possible and also be prepared. Unlike fires though, the beginnings of cyber-attacks can be much harder to detect; there are rarely obvious early signs such as smell, flames, smoke etc.	A cyber incident could cause temporary loss of departmental systems or could be wider spread, affecting complete divisions, the whole hospital or even the region Under legislation, the Network and Information Systems Regulations 2018 (NIS), NHS providers such as hospitals are classed as Critical National Infrastructure (CNI). Insufficient cyber resilience measures can also lead to enforcement actions, fines and prosecutions.	Within Digital's control: STANDARD TECHNICAL MITIGATIONS (Identify, Protect, Detect, Respond and Recover) Within the Divisions and Emergency Planning and Response functions Alternative local process and procedures including paper Diverting patients to other healthcare facilities (e.g. for widespread system loss)	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 01/04/21 14:28:05] Risk reviewed and approved by head of digital. Risk has also been reviewed and approved by deputy chief executive, and will be presented at AREG on April 20 for addition to the Trust significant risk register.	Moderate (3)	Possible (3)	9	Moderate	23/04/2021
2853	26/03/2021	Process / Corporate Risk	Gray, David	Hall, Nigel	Deputy Chief Executive	16	High	Clinical or other personal confidential data is stolen as a result of a cyber incident. This may also lead to subsequent unauthorised disclosure, even mass disclosure, depending how many records are stolen	Modern cyber threats can be very sophisticated. They may not be specifically targeted at the NHS or any particular Trust but we can all still be unintended casualties. Data not encrypted in transit Data not encrypted or sufficiently protected at rest Cyber risk is very much like fire risk. It never goes away no matter how many detection and suppression systems are put in place, or how much you prepare people, e.g. mandatory training, fire wardens. The treatment is to minimise the risk as far as possible and also be prepared. Unlike fires though, the beginnings of cyber-attacks can be much harder to detect; there are rarely obvious early signs such as smell, flames, smoke etc.	Patient and staff distress Potentially patient safety (vulnerable and protected individuals) Patient impersonation to benefit from free NHS care Regulatory actions by Information Commissioners Office Private law suits for damages by affected individuals Class actions Reputational damage which may be severe	Within Digital's control: STANDARD TECHNICAL MITIGATIONS (Identify, Protect, Detect, Respond and Recover) This includes encryption of data in transit (However encryption of data at rest is rare for operational and performance reasons) Within IG / Clinical control:- Caldicott Guardian oversight Training, awareness, comms, disclosure	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 01/04/21 14:31:27] Risk reviewed and approved by head of digital, with executive oversight from deputy chief executive. This risk will be presented at April 21 AREG, for approval to be added to the Trust's significant risk register.	Moderate (3)	Possible (3)	9	Moderate	26/04/2021

2199	10/12/2015	Patient Risk (Quality)	MacDuff, Miss Olivia	Harvey, Sarah	Chief Operating Officer	16	High	There is a risk that patients could come to harm through delays and inability to achieve the 4 hour target in the Emergency Department due to a number of factors linked to capacity and demand. This also directly impacts patient experience in the department.	Risk is caused by a multitude of factors, which include delay in transfers of care leading to limited numbers of discharges across the Trust. There are large numbers of GP referrals to specialties which currently are not able to be accomodated directly and are therefore re-directed to ED. This results in increased demand on Emergency Services and capacity issues making it increasingly hard to offload patients from ambulances in a timely manner due to a lack of cubicle space. Trust discharges are largely still occurring later in the day which impacts patient flow. There remains an element of failure in admission avoidance schemes in the community leading to an increase of patient requiring emergency services (for example end of life care plans.	Potential for adverse patient outcomes, including increased mortality rates. Poor patient experience. Potential reputational damage.	Escalation process in place, and emdedded, improvement seen in early escalation of breaches however this will continue to be monitored. Daily breach meeting set up with ED Leadership Team to review breaches from the previous day and ensure any learning taken away. Red ED re-located to Day Surgery Unit 9 January 2021. This has shown a reduction in ambulance delays over an hour, in February 1.08% of handovers exceeded 60 minutes. There has also been approximately a 20% increase in performance for 15 minute ambulance handover which for February 21 performance was 56.55%. Work continues to improve performance further which includes planning for the Day Surgery Step Down. A further 10% increase has been seen since January 21, February performance was 83.5%. This is now a 15% increase since December 2020. Monthly exception report produced for Divisional Board for oversight, detailing changes and improvements. There has been a reduction in complaints regarding waiting times in 2020/21 compared to 2019/2020. Governance structure and processes in place to respond to changes as they occur e.g. Daily capacity and flow meetings (inc. weekends), daily silver call. A data validation SOP for 4 hour breach reporting in place. Emergency care improvement programme in place to review pathways of care from pre-hospital to discharge with the aim to reduce delays and crowding. Weekly meeting in place with new UEC programme manager.	Moderate (3)	Almost Certain (5)	15	High	[Woodcock, Douglas 21/04/21 14:05:54] Risk reviewed at AREG in April 21. The request for additional clarity in relation to the risk narrative was noted, and has now been actioned. No changes to the risk grading were proposed at this time. [MacDuff, Olivia Miss 20/04/21 16:48:25] Riak has been reviewed and updated by ED triumvirate. The risk is that patients could come to harm due to the inability to achieve the 4 hour target. When patients are in the department less than 4 hours their risk of harm and mortality rate significantly reduces. [Woodcock, Douglas 15/04/21 11:50:01] Risk reviewed by COO and deputy COO. Although risk was approved, additional clarity was requested in relation to the risk narrative. Email sent to division leads for urgent action. [MacDuff, Olivia Miss 20/04/21 16:48:25] Riak has been reviewed and updated by ED triumvirate. The risk is that patients could come to harm due to the inability to achieve the 4 hour target. When patients are in the department less than 4 hours their risk of harm and mortality rate significantly reduces. [Woodcock, Douglas 21/04/21 14:05:54] Risk reviewed at AREG in April 21. The request for additional clarity in relation to the risk narrative was noted, and has now been actioned. No changes to the risk grading were proposed at this time. [Woodcock, Douglas 24/03/21 10:41:20] Risk reviewed at AREG in March 2021. Although the current ED footprint is functional, it is not felt to be sustainable in the long term. A task and finish group has been established in relation to changing the footprint. Risk grading to remain the same. [Woodcock, Douglas 04/03/21 16:26:23] Risk has been reviewed by COO Denise Smith. Risk has been slightly re-worded and a re-wording of the cause has been requested. [MacDuff, Olivia Miss 02/03/21 10:28:09] Risk reviewed by ED Leadership Team 01/03/2021. Further reduction in month in ambulance delays over an hour from 7.88% in January 21 to 1.08% in February 21. Sustained and further improvement in performance for 15 minute ambulance handover, January performance - 47.45%, February performance 56.55% February performance for 4 hour increased to 83.5% slightly below the Trust trajectory of 83.66%. Risk proposed to remain the same as currently still below Trust trajectory. Existing controls updated.	Moderate (3)	Possible (3)	9	Moderate	30/05/2021

2793	11/10/2020	Patient Risk (Quality)	McGuire, Mrs Karen	O'Brien, Carmel	Chief Nursing	16	High	Management of the needs of the increased numbers of enhanced care elderly patients admitted across acute access and medical wards a.Being unable, after allocation of health care assistant and registered nursing team to manage the enhanced care levels of monitoring required to keep patient groups as safe as possible, to then maintain appropriate cover across the rest of ward to consistently deliver to the remaining patients' needs b.Being unable to provide the required enhanced care support due to not all staff not being trained in this specialty and/or challenges in effective numbers of backfill nurses to the required numbers. c. Challenges with the acuity and numbers of enhanced care needs of the patients (in line with Trust policy) d. Difficulty in discharging some enhanced care patients due to the difficulty in accessing relevant beds/community care patients remain within the ward setting for long periods of time which is detrimental to their mental health status	1. Enhanced care patients require 1:1 care to maintain safety and ensure a high quality care experience from trained nursing staff. The increasing numbers of patients and the increased acuity of the patients needs has resulted in a challenge of large numbers of L3 or L4 care needs requirements on acute assessment/ward areas. 2. Often excessive numbers of enhanced care need patients to the resources available.	1. This can result in inconsistency in care delivery/patient experience to either the enhanced care patients and/or other patients fundamental care needs. 2. This could result in deterioration of the underlying enhanced care needs or physical health. 3. This could result in complaint. 4. This could result in accidental harm. 5. This could result in an overall increased LOS	1. Skill mix and establishment (actual vs planned) reviewed formally Twice daily but also at each handover and throughout the day/night, staffing is managed across the Division but also Cross Divisionally as required at the Twice daily staffing review. 2. Staffing review also includes acuity/dependency assessments. 3. Additional shifts are requested to bank/agency to support Enhanced care delivery. 4. Some ward areas have additional support in place eg PSW 5. Training has been completed for some staff on enhanced care support 6. Tiptree boxes available on some ward areas 7. Dementia friendly environments on some wards. 8. 39 HCSWs started at the Trust in March 2021. Mental health operational meeting has commenced in November 2020 in partnership with NSFT with focus on staff education.	Moderate (3)	Almost Certain (5)	15	High	[Woodcock, Douglas 21/04/21 16:53:24] Risk reviewed at AREG in April 21. Although a potential change to the risk grading was queried, it was agreed that the risk grading should not be changed at this time as the operational situation may be subject to change. [Woodcock, Douglas 07/04/21 12:58:57] Risk reviewed by Chief Nurse on 06.04.21. Risk controls were approved. It was queried if the risk likelihood could be reduced. Query taken back to division for input. [McGuire, Karen Mrs 29/03/21 09:45:58] Reviewed 29.3.21 - Notes as per 23.3.21. No changes currently to grading. [Woodcock, Douglas 24/03/21 10:50:05] Risk reviewed at AREG in March 21. No changes to the risk grading were proposed at this time. [Woodcock, Douglas 04/03/21 13:46:16] Risk reviewed and approved by April, with amendment of 39 Healthcare Support Workers started in March 21 added to existing controls. Risk level to remain the same.	Minor (2)	Possible (3)	6	Low	30/04/2021