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). Working 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 including a report detailing the action plan and management strategy to mitigate the risk of structural failur 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. Castons are on site completing the plank survey - expected to continue until July 2021. Radar surveying begins on 4th May to ascertain condition of plank end bearing. Results are expected during June which will inform the strategy going forward. Monthly return to NHS E/I giving a progress update. Regular meetings in place with structual engineers for advice and guidance.	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Woodcock, Douglas 16/06/21 08:34:37] Risk reviewed at AREG in June 21. The latest update from the Health and Safety Manager was noted and approved. An intrusive survey is to be undertaken. A monthly report is currently being sent to NHSEI in relation to bed closures caused by roof concerns. Thee was also a query in relation to any IPC concerns caused by the wooden props in usage, which will be addressed in the next Health and Safety update. [Woodcock, Douglas 08/06/21 16:19:34] Risk reviewed by Director of Finance in June 21. A slight amendment was made to the update from the Health and Safety manager in June 21. No changes to the risk grading were proposed. [Carlton, Emma Mrs 25/05/21 09:15:31] Update from Health and Safety Manager in June 21: The non-intrusive radar survey from the roof surfce is complete and the data analysis is underway. Results are expected back in June. Intrusive investgiation works will commence the first week of June - from above and below the roof. This will be coordianted with the site team, nursing team and the IP&C team. Tap and test survey is 63% complete. The recent heavy rain has resulted in several roof leaks across the site. Roofing contractors are on site and ongoing repairs are being made. Site – clinical areas and non clinical - 76 Acrow props, 55 timber beam supports CCU - 0 Acrow props, 40 timber beam supports CCU toilet - 1 Acrow prop Gym - Would have been 71 props if able to prop Estates area - 1 Acrow prop, 24 timber beam supports Estates Asbestos holding room 2 Acrow props Totals = 80 Acrow props (inc gym) and 117 timber beams across the site. A 2 further defective planks have been identified on Leverington ward (25.05.21). These will have timber beam supports installed to maintain bed spaces [Woodcock, Douglas 19/05/21 08:11:12] Risk reviewed at AREG in May 21. The most recent update from the Health and Safety mananger was noted and approved. No changes to the risk grading were proposed. [Woodcock, Douglas 10/05/21 11:19:49] Risk reviewed by director of Finance in May 21. Changes to the narrative were approved. No changes to the risk grading were proposed at this time.	Major (4)	Rare (1)	4	Low	30/06/2021

2757	10/06/2020	Process / Corporate Risk	Jones, Ms Sarah	Jones, Ms Sarah	Finance	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 ICS 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. • ICS Digital Strategy, and Annual digital plan in place – NED engagement in ICS workstream. • In partnership with ICS 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. •The Trust makes an allocation as part of the business planning process for medical equipment via the medical equipment committee, chaired by consultant anaesthetist. Business cases must be submitted, and there is representation from all divisions as well as deputy COO. Business cases are reviewed and prioritised against risk assessments submitted, and funding is allocated accordingly, to ensure the Trust remains within budget (usual allocation is approximately £1million).	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Woodcock, Douglas 16/06/21 08:39:20] Risk reviewed at AREG in June 21. There was a query about how the acquisition of the BMI Sandringham (listed as a control) impacted on the risk. Query to be addressed during next divisional review. [Woodcock, Douglas 08/06/21 16:23:19] Risk reviewed by Director of Finance in June 21. The changes to the controls were approved. No changes to the risk grading were proposed. [Woodcock, Douglas 28/05/21 15:14:46] Risk reviewed by deputy COO. Controls amended to give greater detail on the medical equipment section of the risk. [Woodcock, Douglas 24/05/21 11:06:26] Risk reviewed by Director of Finance. Following a discussion in Finance and Activity committee, it was agreed that the risk score should be re-graded as Catastrophic (5) x Likely (4) = 20, to reflect the current impact of the roof risk. [Woodcock, Douglas 19/05/21 09:21:40] Risk reviewed at AREG in May 21. No changes to the risk grading were proposed as it was identified that the current narrative within the the risk was up to date. [Woodcock, Douglas 10/05/21 11:18:33] Risk reviewed by director of finance in May 21. No changes to the risk grading, controls, or narrative were proposed at this time.	Major (4)	Unlikely (2)	8	Moderate	30/07/2021
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. The MH Trust is now taking part in SI investigations in relation to 12 hour A&E breaches, which will help provide greater insight into the root causes of the investigations.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 16/06/21 08:41:50] Risk reviewed at A&REG in June 21. It was agreed that the risk grading was appropriate given a number of patients with mental health (MH) needs continue to breach the 12-hour standard. MH / Acute Provider Gap analysis to be undertaken and will inform the risk. [Woodcock, Douglas 08/06/21 08:46:21] risk reviewed by COO in June 21. Changes to the controls have been approved. No changes to the risk grading were proposed. [Woodcock, Douglas 02/06/21 13:13:13] Risk reviewed with DLT in June 21. Requested amendment to the controls has been actioned. No changes to the risk grading were proposed. [Woodcock, Douglas 19/05/21 08:19:01] Risk reviewed at AREG in May 21. An amendment to the controls was requested to reflect that the MH Trust is now taking part in all related SI investigations, which was been actioned. No changes to the risk grading were proposed. [Woodcock, Douglas 18/05/21 08:55:34] Feedback from division in relation to query from COO; risk in relation to adult patients only. There was a previous risk under W&C for CAMHS admissions, but this was archived as "tolerated" as all possible mitigations were in place. [Woodcock, Douglas 10/05/21 11:02:55] Risk reviewed by COO in May 21. A query was raised if the risk was in relation to adult patients specifically, or if it was reflective for patients of all ages. Query taken back to division for urgent input	Moderate (3)	Unlikely (2)	6	Low	30/06/2021

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 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. 15 s31 and 5 s29a conditions closed by CQC. Clinical Review programme restarted in April 21 Additional resource in place to support End of Life patients and management of deteriorating patients. Positive feedback from unannounced CQC inspection, and visit from national director of intensive support in May 21. • Improving position on Clinical Guidelines (from 20% to 13.7% to date) and NICE Guidelines (down from 23 to 1) New Deputy DIPC in post. IPAC rating improved to green and positive feedback from CCG IP&C visit in May 21. 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. • New substantive chief nurse in post	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 16/06/21 08:51:58] Risk reviewed at AREG in June 21, with robust discussion around the current grading. It was noted that this is the principal risk for KSO 1, and the overall picture in relation to significant risks aligned to KSO 1 has improved considerably in recent months, with four other significant risks being downgraded to moderate. However, it was agreed that the current risk grading remained appropriate, as further progress is required to ensure the risk is mitigated to moderate levels. It was also noted that with more activity undertaken as the Trust returns to "business as usual," there will be a greater risk of staffing and resources being further stretched. [Woodcock, Douglas 28/05/21 14:58:00] Risk reviewed by medical director in June 21, with slight amendments to controls to reflect latest assurance. No changes to the risk grading were proposed. [Woodcock, Douglas 19/05/21 09:51:03] Risk reviewed at AREG in May 21. The changes to the controls were approved, and no changes to the risk grading were proposed at this time. [Woodcock, Douglas 10/05/21 11:47:49] Risk reviewed by medical director, with the controls amended to reflect clinical reviews resuming, as well as further s31 conditions closed. No changes to the risk grading were proposed at this time.	Major (4)	Rare (1)	4	Low	30/06/2021
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.	This is mainly due to delays in diagnostics: The current wait for MRI and CTVCs is between 2-3 weeks while CT scans is 15 days. Histology reporting remains below the target. Currently only 80%-85% of histology is reported within 10 days. There is a sustained increase in weekly 2ww referrals across all specialties which impact on diagnostic demands in radiology and theatre.	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 (an RCA breach analysis is completed for patients who have breached the 62 day referral to treatment standard, and harm reviews are 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. A full time colorectal consultant has been recruited and in post. Direct access in Endoscopy was commenced on the 26th April 2021 while Straight to test was restarted on the 17th May 2021.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 16/06/21 08:53:26] Risk reviewed at AREG in June 21. It was noted that the timely access for diagnostics will be reviewed for amending within the risk narrative. No changes to the risk grading were proposed. [Woodcock, Douglas 08/06/21 09:08:31] Risk reviewed by COO in June 21. A slight amendment to the controls was requested which has now been actioned. No changes to the risk grading were proposed. [Woodcock, Douglas 19/05/21 08:36:10] Risk reviewed at AREG in May 21. More narrative in relation to the number of harm reviews currently undertaken was requested. No changes to the risk grading were proposed. [Woodcock, Douglas 10/05/21 11:29:14] Risk reviewed by COO in May 21. Slight modifications to the risk controls and cause were requested. No change to the risk grading were proposed at this time. Requested taken back to the division for urgent action. [Woodcock, Douglas 04/05/21 12:00:15] Risk reviewed by operational manager, with no significant changes to the risk within month. No changes to the risk grading were proposed at this time.	Minor (2)	Possible (3)	6	Low	23/06/2021

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. The Trust also does not currently have a robust clinical prioritisation process in pace which will be addressed through the recently announced national roll-out of clinical prioritisation standards.	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. The Radiology department has recently undergone a cultural review, the outcome of which is the development and implementation of an improvement action plan, which will be monitored alongside this risk and inform the assurance process inherant in managing this risk. Furthermore, work has commenced week beginning 24/05/2021 to review and implement the new national clinical prioritisation standards which will provide comprehensive KPI's for waiting times, prioritisation of patients, and management of expectactions across the Trust for services utilising diagnostic imaging.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 16/06/21 08:57:02] Risk reviewed at AREG in June 21. The culture review actions and CQC actions will be amalgamated into the narrative of the risk in order to underpin the risk cause. No changes to the risk grading were proposed, and it was noted that diagnostic scanning demand may increase, with no changes to scanning capacity. [Woodcock, Douglas 02/06/21 14:41:07] Risk reviewed by medical director in June 21, with changes to the narrative and controls approved. No changes to the risk grading were proposed. [Evans, Chris 27/05/21 13:27:08] Risk reviewed and existing controls updated to include details relating to the recent cultural review work within Radiology, and the resultant development of a quality improvement action plan incorporating the existing CQC Should and Must Do actions. In tandem with this is the review and implementation of the new national rollout of clinical prioritisation standards for diagnostic imaging, which will be utilised to inform KPI's and other metrics of performance management to ensure evidence of assurance that this risk is being managed and mitigated. [Woodcock, Douglas 19/05/21 08:40:27] Risk reviewed at AREG in May 21. It was requested that the outcome of the radiology culture assessment be added to the narrative of the risk. It was also noted that prioritisation of care is due to be implemented nationally, however, there is no stated completion date for this yet. Risk grading to remain the same. [Woodcock, Douglas 10/05/21 11:54:38] Risk reviewed by medical director in May 21. Small amendments to the controls and narrative were requested, which were taken back to the division for urgent action. No changes to the risk grading were proposed at this time. [Evans, Chris 04/05/21 09:58:23] This risk is updated weekly through the IQIP weekly meetings reviewing the Should and Must Do actions from CQC. The POAP are being delivered and this risk remains. The current waiting time data has been shared with the Deputy Medical Director and the Evidence Assurance Group Meeting. Further data cleansing and the implementation of professional standards in respect to managing PTL's and waiting lists to be implemented. No change to the risk rating or controls at this review point. This risk remains the only Divisional risk on the Trust Significant Risk Register.	Moderate (3)	Rare (1)	3	Low	19/07/2021
2849	24/03/2021	Patient Risk (Quality)	Hall, Nigel	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 16/06/21 09:02:36] Risk reviewed at AREG in June 21. Assurance was given that the risk had received the appropriate levels of scrutiny, and gone through the correct review channels, within month. No changes to the risk grading were proposed. [Woodcock, Douglas 08/06/21 08:35:47] Risk reviewed and approved by Deputy CEO in June 21, with no changes to the risk grading proposed. [Woodcock, Douglas 28/05/21 15:42:34] Risk reviewed at digital risk review meeting attended by key digital personnel, including head of digital. Controls and narrative of the risk remain up to date, with the risk receiving regular reviews at the digital forum. No changes to the risk grading were proposed. [Woodcock, Douglas 19/05/21 12:48:41] Risk reviewed at AREG in May 21. No changes to the risk grading were suggested. [Woodcock, Douglas 10/05/21 09:57:02] Risk reviewed and approved by deputy CEO in May 21; no changes to the risk grading, controls or narrative were proposed at this time.	Moderate (3)	Possible (3)	9	Moderate	30/07/2021

2853	26/03/2021	Process / Corporate Risk	Cottis, Mr Phil	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 16/06/21 09:02:56] Risk reviewed at AREG in June 21. Assurance was given that the risk had received the appropriate levels of scrutiny, and gone through the correct review channels, within month. No changes to the risk grading were proposed. [Woodcock, Douglas 08/06/21 08:36:22] Risk reviewed and approved by Deputy CEO, with no changes to the risk grading proposed. [Woodcock, Douglas 28/05/21 15:43:08] Risk reviewed at digital risk review meeting attended by key digital personnel, including head of digital. Controls and narrative of the risk remain up to date, with the risk receiving regular reviews at the digital forum. No changes to the risk grading were proposed. [Woodcock, Douglas 19/05/21 12:49:17] Risk reviewed at AREG in May 21. No changes to the risk grading were suggested. [Woodcock, Douglas 10/05/21 09:57:54] Risk reviewed and approved by deputy CEO in May 21. No changes to the risk grading, controls or narrative were proposed at this time.	Moderate (3)	Possible (3)	9	Moderate	30/07/2021