Agenda item 14

ID	Date First entered onto the Risk Register	Strategy classification	Handler	Manager (Executive lead)	Responsible exec	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	Target Completion date
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. 2020-21 - full survey of all roof and wall RAAC planks began.	Potential risk to service delivery and safety of patients staff and public. 2016 survey report identified further movement and the full survey of every RAAC panel in the hospital roof and walls started in November 2020 and is expected to continue until the end of 2021, with the subsequent plank re-survey taking place throughout 2022. As the RAAC panel surveying continues, there may be (and have been) impact on clinical areas (wards) - due to bed closures - and IPC concerns with the location of Acrow props within clinical areas. Wherever possible, timber and steel support beams are used instead of Acrow props, in order to maintain bed spaces and not cause issues with cleaning.	Additional support structures are in place, and weekly monitoring has been implemented in key areas identified as being of cause for concern. The Trust is working with NHS E/I, the regional RAAC Advisory Group and 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 (SWECO) 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 write 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 failure Regional Desktop / Virtual evacuation exercises have been carried out in 2019, 2020, and most recently in February 2022 (Exercise Farthing) which included the requirement to evacuate the QEHKL site due to a RAAC plank failure. A regional virtual exercise is planned for May 2022 - this will be organised by NHS E/I and the QEHKL will be in attendance. A suite of action cards has been developed based on cards produced by the West Suffolk. These cards have been circulated to wards and departments, estates and switchboard teams. Ongoing general communications are released giving reassurance and detailing how staff should report any issues regarding RAAC panels. Castons are on site completing the plank survey and re-survey - this is expected to continue until the end of the financial year 2021-22. Further Radar surveying began on 4th May to ascertain condition of plank end bearings. Results were received in June and intrusive survey work is now underway in key areas to check the status of the plank end bearings. This work was completed over summer 2021, with the full report having been received in October 2021. A workstream is in place with involvement from SWECO as to the next step - for end bearing support. Monthly returns are in place and are sent to NHS E/I giving a comprehensive progress update.	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Woodcock, Douglas 07/07/22 16:30:31] Risk reviewed at Safe Executive Group in July 22. The latest update from the Director of Estates and Facilities and the Estates Capital Manager was noted; risk grading remains appropriate at 20. [Carlton, Emma Mrs 24/06/22 13:16:09] Risk reviewed on 24.06.22 with the Director of Estates and Facilities and the Estates Capital Manager. There are currently: • 52 Acrow props in place. • 1528 steel and timber failsafe's are now in place – this includes 150 failsafe's across the gym, 238 failsafes across the ramp, 151 steel and 610 timber failsafes across Brancaster, The Butterfly Suite has 63 steel and 15 timber, and NICU has 219 steel failsafes. • 40 planks are supported in CCU via a steel and timber failsafe, which was custom designed and fitted to replace 18 props previously in place. • 56 areas of the Trust are affected by either Acrow props of timber/steel failsafe's. • Castons continue to re-survey roof planks across the site. The RAAC year 2 programme is on target. West Dereham is now open and contractors have started work on Windsor ward to fit the failsafe. Castleacre will move to Brancaster in early July for the failsafe to be fitted onto Castleacre. Investigations on capacity and demand has started in Theatres as part of the RAAC enabling work. [Woodcock, Douglas 10/06/22 10:01:15] Risk reviewed at Safe Executive Group in June 2022. The latest update from the Health and Safety manager was noted, and the Group was assured that correct risk review processes had been followed for this risk. No change to the grading at this time.	Major (4)	Rare (1)	4	Low	25/07/2022	09/06/2023

2757	10/06/2020	Process / Corporate Risk	Hunter, Nichola	Hunter, Nichola	Deputy Chief Executive	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 ICS 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. There is a risk that implementation of the EPR project may be delayed by up to 2 years Full electronic prescribing has not yet been rolled out	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). The CQC has recommended that the Trust be removed from the Recovery Support Programme (previously known as Special Measures), however, failures to modernise the hospital estate could impact upon patient safety and experience, as well as staff morale. 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 • 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). •Refurbishment of Emerson unit ward as outpatient area has been completed • RAAC emergency capital business case of £20.6mil approved by Trust Board and Department of Health. Implementation of business case underway, supported by Director of Strategic Estates Projects	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Woodcock, Douglas 07/07/22 16:35:34] Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been through the correct review processes. No change to the risk grading was considered at this time. [Woodcock, Douglas 28/06/22 12:31:32] Risk reviewed by Deputy CEO in June 22. The latest update from the Health and Safety Compliance Manager was noted and approved. No change to the risk grading at this time. [Carlton, Emma Mrs 24/06/22 13:20:01] Risk reviewed on 24.06.22 with the Director of Estates and Facilities and the Estates Capital Manager. The Estates capital allocation for 2022-23 is £3m, and the list of projects will be prioritised by HMB in July. £1.5m has been secured for backlog maintenance, of which, £1.05 has been attached to the reduction of significant risk in statutory compliance. Work continues at pace on the new endoscopy unit, the ground floor is planned to open in September, and the first floor planned to open in October. Work is about to start to fit a new mains water supply to the Spencer Mountbatten building, this will fully mitigate the moderate risk associated with water safety in the Fermoy. [Woodcock, Douglas 10/06/22 10:14:37] Risk reviewed at Safe Executive Group in June 22. The latest update from the Health and Safety manager was noted and approved. Assurance was given that the Trust's risk management processes have been followed. No change to the risk grading at this time.	Major (4)	Unlikely (2)	8	Moderate	25/07/2022	30/11/2022
2989	15/02/2022	Financial & Estates Risks	Jones, Ms Sarah	Benham, Chris	Finance	25	Extreme / Very High	There is a risk that the RAAC programme will be delayed, and that the funding allocation will not be sufficient to cover all of the failsafe work required, resulting in a Significant risk to patient, staff, and visitor safety.	This risk relates to the emergent risk that the Trust may not receive the full amount requested for the RAAC failsafe work. The original funding requirement identified was a requirement for a further £140m capital investment for year 2 onwards. This would ensure full failsafe installation to all RAAC areas, wall protection and roof protection, and ensure statutory safety compliance measures are met. The allocation is now likely to be £80m. The allocation will be made over a 3-year period, which is also longer than the initial proposal of 2 years. This will impact the RAAC project priorities, both financially and operationally should areas of the hospital have to be evacuated in the event that certain areas are assessed as unsafe.	The general condition of the Hospital buildings has been described by SWECO (structural engineers) as progressively deteriorating. Prolongation of the roof RAAC project means that the risks to occupants (patients and staff) will need to be managed and tolerated for a considerable period following the identification of the risks. The period from the identification of the requirement of immediate and urgent work on the RAAC construction (2 years ago) to the completion of the failsafe is now estimated as being 5 years. It is unlikely that the statutory compliance work (fire compartmentation, fire alarm system, ventilation) will be affordable from the emergency capital funding. Alternative sources of funding are being explored with NHS E/I There is a risk of operational pressures should there be a need for areas of the hospital to reduce or cease activity. This is partially covered by decant wards, but the risk remains that the restoration works will be unable to progress at the required pace.	RAAC risk assessment already in place (separate document) and recorded on risk register (entry 392) – reviewed monthly – more frequently as required. RAAC surveying team in place and progress monitored each week, with immediate remedial action taken where necessary. Monthly status update provided to NHS E/I RAAC Programme board in place. £80 million total funding allocation to be spread over a 3-year period. The risk rating to be reviewed monthly and may increase. The survey work will inform this as the rate of deterioration is currently unknown – this will be established as the re-survey progresses. RAAC workplan will be informed by the prioritisation of p1 and p2 planks as well as business critical areas. Regular advisory meetings with national experts SWECO to steer action plans and priorities	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Woodcock, Douglas 07/07/22 16:37:12] Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been through the correct review processes in month, as evidenced by the update from the Health, Safety and Compliance manager below. No change to the risk grading at this time. [Carlton, Emma Mrs 24/06/22 13:20:30] Risk reviewed on 24.06.22 with the Director of Estates and Facilities and the Estates Capital Manager. The 25% drawdown was made available from the 13th of June, and the Trust will be accessing this. [Woodcock, Douglas 10/06/22 10:10:55] Risk reviewed at Safe Executive Group in June 22. The latest update from the Health and Safety Manager was noted; assurance was given that the Trust's appropriate risk management processes had been followed. No change to the risk grading at this time. [Carlton, Emma Mrs 01/06/22 09:41:47] Risk reviewed (interim) by the Health and Safety Manager 01.06.22: The Trust has been informed that a 25% drawdown of 2022-23 funding will be available shortly. The 25% drawdown will enable design and steel fabrication works to be undertaken. The business case was approved at the Trust board meeting on the 5th of April, and is with the regional NHS I team prior to submitting to the national team. At this stage, there are no timescales known for the approval of the business case and the release of the £30M funding.	Catastrophic (5)	Unlikely (2)	10	Moderate	25/07/2022	31/12/2022

2244	04/03/2016	Patient Risk (Quality)	Crittenden, Mrs Gemma	Strong, Miss Karon	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 No MH bed management between midnight and 8am. Lack of inpatient beds in area and nationally to meet the demand. Lack of 136 capacity locally which leads to patients being brought to ED to await Mental Health Act Assessment and inpatient bed where required Increase in acuity noted locally and nationally, with increase in MH patients requiring admissions.	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 delays to assess and treat other patients due to MH patients delayed for long periods within ED Risk of physical and psychological harm to staff Higher risk of self-harm events from MH patient cohort whilst not in specialist facility. Trust at risk of breaching access standard, including 12 hour breaches from arrival at ED. Potential delay in assessment and treatment Negative impact on internal patient flow Potential delay in speciality assessment and treatment plans Increased risk of additional resource requirements to safely management MH patient/s or department	Locally there are 16 mental health beds which has been a static number of many years. Hellesdon Hospital in Norwich have 71 inpatient beds available . NSFT also have available some additional block booked beds at Southern Hill Hospital which is a 33 bed unit. 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 investigations in relation to 12 hour A&E breaches, which will help provide greater insight into the root causes of the investigations. Regional ICS workstream specifically reviewing MH patients. This workstream has appropriate senior decision makers representing all acute Trusts in Norfolk & Waveney, MH services, and support services. When a MH patient presents to ED a cubicle checklist is completed to ensure their safety while in our care, as part of this checklist any ligatures are removed and patients belongings are searched for any harmful items. All MH patients in ED also have a mental health triage tool completed to assess their level of risk and additional support eg 1:1 care is given based on the requirement. NSFT presented a deep dive on 09/03/2022 to QEH Board members. Crisis resolution home treatment teams (CHRTs) will hold higher caseloads and increased acuity for greater community-based care. Conversations are ongoing between QEH Board members and NSFT to discuss further mitigations that will be put in place to provider greater support in acute setting.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 07/07/22 16:38:25] Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been through the correct review processes in month, including a divisional review and executive review. No change to the risk grading at this time. [Woodcock, Douglas 30/06/22 12:17:19] Risk reviewed by COO in June 22. The risk narrative and risk controls remain up to date. No change to the risk grading at this time. [Woodcock, Douglas 10/06/22 10:24:07] Risk reviewed at Safe Executive Group in June 22. The trend of increasing numbers of patients presenting to ED with mental health needs was discussed; however, assurance was given that ongoing conversations are being held with the Trust and NSFT in relation to potential additional mitigations. Risk grading remains appropriate at present. [Crittenden, Gemma Mrs 07/06/22 16:35:04] Risk reviewed by ED Matron; no change to the risk at this time as all risk narrative and mitigations remain up to date.	Moderate (3)	Unlikely (2)	6	Low	31/07/2022	30/06/2022
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	Access to restoration/recovery and long patient waiting lists. this risk is linked to other significant risks 2244, 2643, 2788, 2915, 2957, 2199, and 2984. Inconsistent compliance with standards and policy Poor communication with patients and carers Sub-optimal pathways and poor flow through the organisation Very high demand for services Lack of community capacity / social care Lack of siderooms to isolate patients from an IPAC standpoint Increasing numbers of prolonged ambulance offloads & extensive delays to admission for patients within ED Increased difficulty in accessing social care to support complex discharges, exacerbating flow challenges Ongoing challenges with flow and discharge A system-wide letter has been sent from the coroner to Trusts/EEAST in relation to the risk to patient safety posed by ambulance offload delays (Risk ID 2984) New section 28 notice received in May 22 relating to delays in transfer from ambulance to ED and access to radiology	Higher rates of avoidable deaths Patient harm Increasing incidence of Infection outbreaks Poor patient outcomes Poor patient experience Incidents with moderate or severe harm Poor regulatory / accreditation inspection outcomes & regulatory intervention Adverse media coverage / reputational damage DTOCs and people being cared for in an inappropriate environment Delayed access to: Diagnostic Imaging (Risk 2643), Mental Health beds in the community (2244), Increase in Pharmacist Vacancies (2788), Delays to Paediatric Mental Health Treatment (2987), Care within ED (2199), Ambulance Offload Delays (2984) and Elective Surgery (2915) Highly pressured working environment for staff Contract breaches New Royal College of Emergency Medicine report published showing excess deaths related to emergency department crowding	Previous controls in relation to performance reviews, new divisional structure, mortality staffing, and IQIP have been moved to business as usual. 46 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. 4 section 31 notices remain on our licence Clinical harm Review programme restarted in April 21 Additional resource in place to support End of Life patients and management of deteriorating patients. • New palliative care lead nurse and clinical director in post. • New palliative care consultant practioner & band 6 nurse appointed in month. • Acquisition of the Sandringham as a green zone unit for elective day surgery procedures. Urgent and emergency care reset programme (re-designing of the hospital clinical pathways under SAFER red to green bundles of care, improved length of stay reviews, and the relaunch of the internal professional standards are all expected to improve patient flow within the hospital. Staff uptake of Covid-19 vaccination is above 95% Active frailty screening and Frailty in-reach in place for Acute floor as of 18th October On-site GP streaming GP now in place to support ED Daily Executive review of staffing levels Patient safety incidents, complaints and concerns are also being monitored at Executive level. UECSTSG relaunched to provide system support for emergency care Leadership of ICS care recovery board addressing elective waiting lists and health inequalities The Trust has been formally lifted from Special Measures. New escalation process agreed for people presenting with mental health crises.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 14/07/22 14:04:46] Risk reviewed by the Acting Medical Director in July 22. Risk narrative updated to reflect latest position. No change to the risk grading at this time. [Woodcock, Douglas 08/07/22 11:15:51] Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been through the correct review processes in month, with narrative and controls remaining up to date. No change to the grading at this time. [Woodcock, Douglas 10/06/22 10:43:45] Risk reviewed at Safe Executive Group in June 22. The latest changes to the risk narrative and controls were noted; no change to the risk grading at this time. [Woodcock, Douglas 27/05/22 14:34:47] Risk reviewed by Medical Director in June 22. The Trust's Medical Director and Chief Nurse have met with NSFT counterparts to agree improved processes for CYP with mental health needs. No change to the risk grading at this time.	Major (4)	Rare (1)	4	Low	31/07/2022	31/10/2022

2643	16/09/2019	Patient Risk (Quality)	Blanchflower, Shane	Oakes, Donna	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. Potential backlog in outpatient scan appointments due to integration issues between digital programmes Extensive changes to governance and new staffing cohort pose short-term risk of human error	In patients: Delays in access to diagnostic imaging for emergency 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 2915) 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. Recent SI relating to transition from paper to electronic requests (urgent paper request entered as routine in error)	2021 - staffing Business Case submitted; increasing Reporting Radiographer Capacity business Case submitted; Apprentice Radiographer Business Case submitted Improvement 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 reporting 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. The new national clinical prioritisation standards for endoscopy and diagnostics have been implemented, which will provide comprehensive KPI's for waiting times, prioritisation of patients, and management of expectations across the Trust for services utilising diagnostic imaging. A CT van was used in 2022 to greatly reduce the backlog in CT scans; this CT van has now left the Trust. An MRI van is on site to reduce the backlog in MRI scans obstetric ultrasound is now working to time due to prioritisation protocol. An obstetric ultrasound lead has also been appointed. Funding agreed for additional MRI capacity, estimated to be in place as of October (precise date not yet known), which will help to reduce backlog once they are in place. Additional funding has been made available to increase MRI capacity. 2 new machines will be purchased, with one to be installed by the end of August 2022, and the other to follow Introduction of new RIS/PACs system has reached phase 1 completion, phase 2 being rolled out as of year end 2021. New vetting and KPI SOP approved in-month Radiology internal professional standards now agreed, establishing KPIs for both inpatient and outpatient tests	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 14/07/22 14:06:01] Risk reviewed by Division and Acting Medical Director in July 22. Risk narrative and controls updated to reflect latest position. No change to the risk grading at this time. [Woodcock, Douglas 08/07/22 20:37:16] Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been subject to the usual review processes in month, and that the risk narrative and controls remained up to date. No change to the risk grading was proposed. [Woodcock, Douglas 07/07/22 16:44:32] Risk reviewed by Division in July 22. Occasional issues remain in relation to delays in scan bookings/reportings. Risk grading remains appropriate at 16. [Woodcock, Douglas 10/06/22 10:40:15] Risk reviewed at Safe Executive Group in June 22. The current risk climate in radiology was discussed, with the changes in narrative noted, as well as the changes in establishment. The risk grading will remain at 16 at present. [Woodcock, Douglas 27/05/22 14:38:02] Risk reviewed by Medical Director in June 22. There are concerns that extensive changes to governance processes and the bedding-in period for new staffing cohort pose a short-term risk of increase in human error, including unexpected urgent test findings not being reported on correctly. Risk grading to remain at 16. [Woodcock, Douglas 27/05/22 13:17:55] Risk reviewed by radiology manager and radiology governance manager in June 22. There have been several meetings in relation to establishment/trainee roles, which have now been re-captured to ensure maximum establishment. The ongoing DAC project will however require additional roles/an increased establishment. Waiting lists have reduced within the last 12 months, however, occasional issues remain in relation to delays in scans being booked/reported on. Risk grading to remain the same for now.	Moderate (3)	Rare (1)	3	Low	08/08/2022	01/03/2023
2788	28/09/2020	Patient Risk (Quality)	Williamson, Alla	Berns, Mrs Nicola	Chief Operating Officer	6	Low	Risk of medication-related harm to patients resulting from lack of pharmacist capacity	High number of pharmacist vacancies resulting in reduced cpacity to deliver expected standard of ward-based clinical pharmacy and medicines management.	Risk of medication-related harm is increased	1. Services managed in line with Business continuity plan. o Reduction of department activities to ensure provision of core services – dispensing and essential aseptic work as a minimum o Ward pharmacy services to be maintained to as many wards a possible, to provide a basic level of service only. o Prioritisation of patients according to pharmaceutical risk 2. All audit and project work to be postponed if possible. 3. Management of annual leave to maintain a safe staffing level 4. Recruitment of pharmacists to fill vacancies	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 07/07/22 16:29:04] Risk reviewed at Safe Executive Group in July 22 and approved for addition to Significant risk register with a grading of Major (4) x Likely (4) = 16. [Woodcock, Douglas 30/06/22 12:58:16] Risk reviewed by COO in July 22. The proposal to upgrade the risk to Significant was approved for escalation to the Safe Executive Group in-month. [Woodcock, Douglas 29/06/22 12:39:33] Risk noted to have been requested for upgrade to Significant. Following discussion with the Risk and governance lead for Clinical support services, this risk will be taken forward to the Chief Operating Officer for executive sponsorship, before being taken onward to the Safe Executive Group for ratification. [Berns, Nicola Mrs 27/06/22 12:15:26] Current vacancy rate: 17 (61%) No agency staff; 2 part-time bank staff Appointments: 3x8a; 2x7 - to take up post later in the year ACP - Medicine Optimisation and Governance - vacant from end June. All substantive posts advertised and high profile recruitment campaign on-going. Clinical pharmacy service not regularly in place on wards; ITU and Shouldham are prioritised. Pharmacy technicians carry out Drug Histories on wards.	Moderate (3)	Rare (1)	3	Low	31/07/2022	31/12/2022

2849	24/03/2021	Patient Risk (Quality)	Hall, Nigel	Hall, Nigel	Deputy Chief Executive	20	Extreme / Very High	A cyber security incident could render a partial or complete loss of digitally enabled services within the Trust affecting patient throughput, outcomes and safety along with the potential to cause significant disruption to business critical administrative, financial and communication systems such as email and telephony.	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. Due to the ongoing conflict within Ukraine, there is an increased risk that the Trust (and the NHS as a whole) may be a collateral target of a malicious cyber attack. Wide-scale targeted phishing attacks levied at organisation within the last quarter. The cyber plan is being adjusted to reflect the latest phishing activity. The Trust's contract with Metacompliance has expired and is being re-negotiated to include phishing simulations with training for staff	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: The Trust has a layered approach to managing cyber security risk to protect its information, this includes a substantial investment in technical controls, cyber security awareness initiatives, adoption of NHS Digital/NCSC/Vendor best practice guidance and robust policies and processes to ensure that the Trusts IT estate is kept as secure as possible. Further to this, the Trust engages in annual assurance and compliance processes to both test and measure the effectiveness of its controls and policies and remediate any findings through these processes. Within the Divisions and Emergency Planning and Response functions: Alternative local process and procedures including paper based process or diverting patients to other healthcare facilities (e.g. for widespread system loss) Additional Risk Reduction Controls Applied During 2022: The rollout of the Windows 10 local host Firewall across the Trust's endpoint estate (desktop/laptop) was completed in January 2022. The rollout of Microsoft AppLocker across the Trust's endpoint estate (desktop/laptop) completed in March 2022, prevents unauthorised software or malicious code from being installed or executed on Trust laptop and dekstop computers. A two year contract for a managed Security Information and Event Management (SIEM) and Security Operations Centre (SOC) service is now operational. This provides the Trust with a 24x7x365 capability to detect anomolous behaviour reducing the Time to Detect (TTD) and Time to Respond (TTR) to indicators of compromise. Implementation of temporary short-term back-up solution to enable offline data storage of unstructured data so that this cannot be affected or compromised by malicious cyber activity. Extended the contract for Phishing simulation and user awareness training materials to address the the primary attack method used within common cyber attacks through better end user awareness of Phishing risks. Continued reduction of unsupported operating systems and software ensuring which reduces the number of assets that are unable to have security patches applied.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 13/07/22 09:34:01] Risk reviewed by Deputy CEO in July 22. Narrative in relation to the controls was amended to reflect latest position. No change to the risk grading at this time. [Woodcock, Douglas 07/07/22 16:46:00] Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been through the correct risk review processes in-month, including a thorough review at directorate level. No change to the risk grading. [Woodcock, Douglas 29/06/22 11:04:42] Risk reviewed at digital risk review meeting in July 22. A business case for back-up storage solution is being worked up. No change to the risk grading at this time. [Woodcock, Douglas 28/06/22 12:30:06] Risk reviewed by Deputy CEO in June 22. The latest updates from the digital risk review meeting were noted and approved; no changes to the risk grading were proposed. [Woodcock, Douglas 10/06/22 10:42:30] Risk reviewed at Safe Executive Group in June 22. The latest updates to the controls and narrative were noted and approved; assurance was given that the risk had been through the correct risk review processes. No change to the risk grading at this time.	Moderate (3)	Possible (3)	9	Moderate	31/07/2022	31/12/2030

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 Due to the ongoing conflict within Ukraine, there is an increased risk that the Trust (and the NHS as a whole) may be a collateral target of a malicious cyber attack. The Trust's contract with Metacompliance has expired and is being re-negotiated to include phishing simulations with training for staff	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: The Trust has a layered approach to managing cyber security risk, this includes a substantial investment in technical controls, cyber security awareness initiatives, adoption of NHS Digital/NCSC/Vendor best practice guidance and robust policies and processes to ensure that the Trusts IT estate is kept as secure as possible. Further to this, the Trust engages in annual assurance and compliance processes to both test and measure the effectiveness of its controls and policies and remediate any findings through these processes. Within IG / Clinical control: Caldicott Guardian oversight Training, awareness, comms, disclosure Additional Risk Reduction Controls Applied During 2022: The rollout of the Windows 10 local host Firewall across the Trust's endpoint estate (desktop/laptop) completed in January 2022. The rollout of Microsoft AppLocker across the Trust's endpoint estate (desktop/laptop) completed in March 2022 which prevents unauthorised software or malicious code from being installed or executed on Trust laptop and desktop computers. Completed the procurement of a two year contract for a managed Security Information and Event Management (SIEM) and Security Operations Centre (SOC) service. This provides the Trust with a 24x7x365 capability to detect anomalous behaviour reducing the Time to Detect (TTD) and Time to Respond (TTR) to indicators of compromise. Implementation of temporary short-term back-up solution to enable offline data storage of unstructured data so that this cannot be affected or compromised by malicious cyber activity. Extended the contract for Phishing simulation and user awareness training materials to address the primary attack method used within common cyber attacks through better end user awareness of Phishing risks. Continued reduction of unsupported operating systems and software which reduces the number of assets that are unable to have security patches applied.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 13/07/22 11:38:37] Risk reviewed by Deputy CEO in July 22. Risk controls amended to reflect latest position. No change to the risk grading at this time. [Woodcock, Douglas 07/07/22 16:46:30] Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been through the correct risk review processes in-month, including a thorough review at directorate level. No change to the risk grading. [Woodcock, Douglas 29/06/22 11:05:55] Risk reviewed at digital risk review meeting in July 22. Business case for back-up storage solution is being worked up; no change to the risk grading at this time. [Woodcock, Douglas 28/06/22 12:30:47] Risk reviewed by Deputy CEO in June 22. The latest updates from the digital risk review were noted and approved. No change to the risk grading at this time. [Woodcock, Douglas 10/06/22 10:42:48] Risk reviewed at Safe Executive Group in June 22. The latest updates to the controls and narrative were noted and approved; assurance was given that the risk had been through the correct risk review processes. No change to the risk grading at this time.	Moderate (3)	Possible (3)	9	Moderate	31/07/2022	31/12/2030
2915	12/07/2021	Patient Risk (Quality)	Baines , Mr Anthony	Broome, Kerry	Chief Operating Officer	16	High	There is a risk that patients will come to harm as a result of increased waiting times for elective surgery	Due to a nationally mandated pause in elective surgery during the COVID-19 pandemic, waiting times have increased. Since the re-start of elective care, the priority has been cancer and priority procedures and longer waiting patients. Staffing vacancies and staff absence are also impacting on maximum theatre session utilisation Patient waiting times for all stages of elective treatment have also increased; the increased waiting times for outpatient and diagnostic appointments also impacting on waiting times for surgery Current IPC recommendations are now that patients can be tested on the day of surgery, with patients required to perform a LFT 3 days prior to surgery.	This increase in waiting times may result in harm to patients	The Trust is participating in the National Clinical Prioritisation Programme (NCPP), whereby each patient is allocated a 'P' code at the point of being added to the waiting list. The 'P' code indicates the clinical urgency and ideal maximum waiting time. A daily report is being provided which now identifies any patients with no "P" code allocation. In line with national guidance, patients categorised as 'P2' are prioritised with any remaining capacity being utilised for the longest waiting patients Clinical harm reviews undertaken for all patients experiencing waits > 52 weeks Elective care and improvement programme is focusing on all stages of treatment, including improvements in the booking processes, to ensure the Trust maximises capacity for longer waiting and P2 patients. The Trust has 2 elective surgery areas; DSU and Sandringham ward. Patients on an elective surgical waiting list who are admitted via the emergency care pathway are also re-prioritised where appropriate The ICS has a mutual aid policy in place and is working towards a single PTL Robust oversight of the PTL is achieved via weekly PTL meetings, and patients are prioritised according to clinical need and then the longest waiters Current IPC recommendations in place for day-of-surgery testing via LFTs to ensure maximum theatre utilisation A review of all specialties is underway to ensure that pre-Covid practice is resumed to ensure maximum productivity	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 07/07/22 16:49:11] Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had gone through the correct review processes in month, including Executive review. No change to the grading at this time. [Woodcock, Douglas 30/06/22 12:26:10] Risk reviewed by COO and Deputy COO in June 22. Risk controls and narrative remain up to date; risk grading remains appropriate at 16. [Woodcock, Douglas 10/06/22 10:44:36] Risk reviewed at Safe Executive Group in June 22. Assurance was given that the risk had followed the correct risk review processes. No change to the risk grading at this time. [Woodcock, Douglas 27/05/22 13:34:29] Risk reviewed by Deputy COO in June 22. Risk controls updated to reflect return to pre-Covid practices in theatres to maximise productivity. No change to the grading at this time.	Major (4)	Rare (1)	4	Low	31/07/2022	31/08/2022

2957	02/11/2021		Price-Davey, Amanda	Catling, Mark		12	Moderate	If paediatric patients with mental health needs do not receive timely intervention it could lead to significant deterioration in their mental health and poor patient outcomes	The mental health pathway team in Norwich is presently small and provides limited support. There is also no psychiatrist available in West Norfolk. Rudham ward currently manage complex patients due to the multi-agency requirements of those patients. Medical and nursing staff are sometimes unfamiliar with medications given to mental health patients. Hence additional support for the team is required. The number of paediatric patients requiring mental health support is prone to fluctuation, and therefore future planning for these patients is more complex. There is a significant lack of Tier 4 beds both locally and nationally, meaning paediatric patients are inappropriately kept in acute beds. Children may exhibit challenging behaviours impacting on the safety of other children on the ward and the safety of staff	Poorer outcomes and experience for paediatric MH patients There is a risk of staff safety being impacted due to caring for complex patients without specialist intervention There is a risk of non-MH patient safety being impacted due to the complex needs of MH patients requiring more staffing support The patients on Rudham ward often have complex medication requirements due to the nature of the care they need; this impacts on the workload and planning of the supporting pharmacists. Inequity of cover due to lack of available psychiatrists in West Norfolk	•A mental health risk assessment document is now available for use on Rudham ward •Weekly contact meetings are held with NSFT and the CCG specifically for patients with MH needs Executive level meeting held between QEH and NSFT with agreed actions to inform new SOP. Security is on site and available to come to the ward to de-escalate if required. Mental health liaison team available on site 24 Hrs per day	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 07/07/22 16:47:26] Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been through the correct review processes in month. No change to the grading at this time. [Woodcock, Douglas 15/06/22 15:04:11] Risk reviewed by Chief Nurse in July 2022. Risk narrative and controls amended to reflect latest position. No change in the risk grading at this time. [Woodcock, Douglas 10/06/22 10:36:02] Risk assessment discussed at Safe Executive Group in June 22. Following discussion in relation to the risk narrative, it was approved for this risk to be upgraded to Major (4) x Likely (4) = 16, with the narrative updated to reflect the latest position. The risk will remain under the Chief Nurse for Executive sponsorship. [Woodcock, Douglas 10/06/22 10:27:08] Risk assessment reviewed by Chief Nurse in June 22. Minor amendments were made, however, risk approved to proceed as potential significant risk. Risk to be added to the agenda for Safe Executive Group for discussion as potential Significant risk. [Woodcock, Douglas 10/06/22 10:26:11] Risk assessment reviewed by Head of Nursing and Midwifery in May 2022 and approved for upgrade to potential Significant risk; to be reviewed by Chief Nurse.	Major (4)	Rare (1)	4	Low	29/07/2022	01/11/2023
2999	08/04/2022		Balmford, Sue	Balmford, Sue	Medical Director	20	Extreme / Very High	There is a risk that the EPR project will not be financially viable for the Trust. There is also a risk to the procurement of the EPR project solution, which is caused by uncertainty over whether the region/NHSD will support the procurement	The risk that the EPR project is not financially viable is due to the Trust's poor overall financial position, and the high cost of a premium EPR solution. There is also a lack of clarity as to whether NHSD will support the procurement A premium solution for the EPR project may also require significant contribution of resources from the Trusts/ICS which must be funded/backfilled; the precise allocation will be determined by the solution chosen	Failure to proceed with the EPR project represents a significant risk to achieving several of the Trust's Key Strategic Objectives. Notably KSO 2 (updating the hospital's digital infrastructure), but also KSO 1 (the quality of care that is provided to our patients), KSO 3 (staff engagement) and KSO 4 (working with patients and system partners to improve patient pathways) The current Trust processes include various different software programmes/ways of working that are not always satisfactorily aligned (as reflected in the digital and information risk registers, as well as individual risks on divisional risk registers in relation to functionality of various programmes). If the EPR project does not proceed, this sub-optimal solution will continue.	Risk reviewed by EPR Programme Board and ICS EPR working group plus associated DoFs and regional and NHSD resources Weekly meetings with NHSX and the monthly EPR programme board designed to bring this on track Employment of clinical safety officer to capture all Trust-related EPR and clinical information systems -related risks, as well as appropriate risk handlers Work underway to explore further benefits post year 5 in order to improve financial viability	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 08/07/22 10:23:56] Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had followed the correct review processes in-month, and that the risk narrative remained up to date. No change to the risk grading at this time. [Woodcock, Douglas 07/07/22 09:21:45] Risk reviewed at EPR project forum in July 22, chaired by the Deputy CEO. Slight amendments made to the controls and narrative to reflect latest position. Risk grading remains at 16. [Woodcock, Douglas 30/06/22 13:54:02] Risk reviewed by EPR project lead in June 22. Risk controls and narrative remain up to date, and risk grading remains appropriate at 16 [Woodcock, Douglas 01/06/22 09:44:17] Risk reviewed at EPR project board in June 22. Risk narrative and controls remain up to date, no change to the risk grading at this time.	Major (4)	Rare (1)	4	Low	31/07/2022	31/12/2023

3018	06/05/2022		Walsh, Ms Jeannette	Skaife-Knight, Laura	Deputy Chief Executive	20	Extreme / Very High	There is a risk that the new hospital project will not be able to progress and that QEH does not have a sustainable long-term solution.	If the Trust is not included on the next New Hospital Programme list from the Government, the project will be unable to progress due to a lack of approved funding, and QEH will not have a long-term solution recognising the end of life date for the current hospital is 2030.	If the Trust doesn't have a long-term solution, QEH will be unable to deliver on its Corporate Strategy and Clinical Strategy, or contribute fulsomely to the delivery of the Norfolk and Waveney strategy. Hospital's current maximum lifespan is estimated at 2030, meaning that if a new hospital building is not approved this will have a significant impact on the Trust - spanning patient safety, patient and staff experience	1) Expressions of Interest submitted on 09/09/21. DHSC currently reviewing and undertaking longlist process. 2) Risk to be monitored, regular contact and dialogue with NHSE/I and wider stakeholders to seek guidance on timescales and process for the next announcements	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 08/07/22 10:25:24] Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been through the correct review processes in-month, and that the risk narrative and controls remained up to date. No change to the risk grading at this time. [Woodcock, Douglas 29/06/22 14:49:34] Risk reviewed by Deputy CEO in July 22. Risk narrative and controls reflect current position, and risk grading remains appropriate. [Woodcock, Douglas 29/06/22 14:48:38] Risk reviewed by project lead in July 22. Risk narrative and controls remain up to date, no change to the grading at this time. [Woodcock, Douglas 10/06/22 10:37:27] Risk reviewed at Safe Executive Group in June 22. Assurance was given that the risk narrative and controls remain up to date and reflective of the current risk. Risk grading remains appropriate at present.	Moderate (3)	Unlikely (2)	6	Low	31/07/2022	31/05/2024
3034	08/07/2022		Benham, Chris	Benham, Chris	Finance	20	Extreme / Very High	There is a risk that the Trust will not be able to deliver its financial breakeven plan for the financial year 2022/23.	This is due to the ICS-wide agreement which states that the ICS should aim for a breakeven position in financial year	As of M3 in the financial year, the Trust is £21k positive to the Q1 deficit plan as part of the breakeven plan. Failure to comply with the breakeven plan could result in the Trust facing increasing pressure to cut back on spending, or be unable to secure additional funding. This is likely to particularly impact on temporary or interim contracts, as this is an area of particular scrutiny nationwide.	•Bi-monthly updates provided to Finance and Activity committee on national guidance and Trust response •Use of Resources Committee in place to monitor Trust spending •Stronger and additional controls in place for all aspects of workforce expenditure through the vacancy control panel mechanisms •Stronger and additional controls through Discretionary spend panel for non-pay expenditure •Monitoring of 'super-inflation' and robust mechanisms in place to capture the element of costs over and above budgeted expenditure levels.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 14/07/22 12:45:16] Risk reviewed by Director of Finance in July 22; Controls and narrative amended to reflect latest position. No change to the risk grading at this time. [Woodcock, Douglas 08/07/22 10:22:09] Risk assessment reviewed at Safe Executive Group in July 22 and approved for addition to Significant Risk Register [Woodcock, Douglas 08/07/22 10:21:39] Risk assessment reviewed by Director of Finance and Director of Strategy and Integration and approved for escalation to Safe Executive Group in July 22.	Major (4)	Unlikely (2)	8	Moderate	31/08/2022	31/07/2023
2199	10/12/2015	Patient Risk (Quality)	Crittenden, Mrs Gemma	Strong, Miss Karon	Chief Operating Officer	16	High	There is a risk that patient outcomes, patient experience and length of stay (for admitted patients) can be adversely affected by extended waiting time within the Emergency Department when there is exit block due to bed capacity issues	Risk is caused by a multitude of factors, which include: - ED footprint and layout does not meet the needs of service and patient demand (exacerbated by the segregation of Red and Amber areas) - Delays in transfers out of the ED due to extended waits for inpatient beds Delay to discharge for patients on pathway 1-3 Reduced number of discharges on the weekend compared to midweek High conversion rate from ED attendance to admission	Potential for adverse patient outcomes, including increased mortality rates. Poor patient experience. Potential reputational damage.	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. Urgent and Emergency care improvement programme in place to review pathways of care from pre-hospital to discharge with the aim to reduce delays and crowding. Regular observations for all patients within ED, with escalation if patients deteriorate Speciality reviews for ED waiters (where possible) Implementation of primary-care located service 4 January 22, covering 12 hours a day 7 days a week. Exploring ED expansion to support ambulance handover Increase in medical inpatient capacity for 22/23 in response to emergency demand by 62 G&A beds to support flow out of ED Consultant to consultant referrals from ED to specialty teams. Focus on reducing available admissions (using the criteria to admit tool, increasing pre-noon and weekend discharges) Regular review of plans for patients with longer length of stay	Moderate (3)	Almost Certain (5)	15	High	[Woodcock, Douglas 08/07/22 10:26:34] Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been through the correct review processes in month, and that the narrative and controls remained up to date. No change to the risk grading at this time. [Woodcock, Douglas 30/06/22 12:24:54] Risk reviewed by COO in June 22. Risk controls and narrative remain up to date. Risk grading remains appropriate at 15. [Woodcock, Douglas 10/06/22 11:16:36] Risk reviewed at Safe Executive Group in June 22. Assurance was given that the risk had been reviewed according to the appropriate risk review timeframes in-month. Risk grading to remain the same for now. [Crittenden, Gemma Mrs 07/06/22 16:32:34] Risk reviewed by ED matron - no change to the risk grading, narrative or controls at this time as all narrative remains consistent with current climate	Moderate (3)	Possible (3)	9	Moderate	31/07/2022	31/12/2022

2984	02/02/2022	Patient Risk (Quality)	Crittenden, Mrs Gemma	Strong, Miss Karon		15	High	There is a risk that patients may come to harm due to delays in ambulance handover. This is due to patients remaining on an ambulance and transfer into the ED department being delayed	This is due to limited capacity in ED for ambulance handover, ED footprint, and delays in transfers out of the ED due to extended waits for inpatient beds	Potential for adverse patient outcomes, including increased mortality rates. Poor patient experience, and potential reputational damage	Patients arriving by ambulance are the clinical responsibility of the Trust from 15 minutes arrival onto hospital site Initial observations undertaken by ED nurse at 30 minutes from arrival A medical review of patients is undertaken on the ambulance no more than 60 minutes after arrival Regular nursing reviews thereafter EEAST crews also perform escalations if their patients are felt to be deteriorating ED bring patients into ED from ambulance in order of clinical priority, and HALO in place to support.	Moderate (3)	Almost Certain (5)	15	High	[Woodcock, Douglas 08/07/22 10:46:25] Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been through the correct review processes in month, with narrative and controls updated. No change to the risk grading at this time. [Woodcock, Douglas 30/06/22 12:28:09] Risk reviewed by COO in June 22. Risk narrative updated to reflect cause of the risk. No change to risk grading at this time. [Woodcock, Douglas 10/06/22 11:22:11] Risk reviewed at Safe Executive Group in June 22. Assurance was given that the risk had gone through the correct risk review processes in month, with attention given to the risk narrative and controls. Risk grading to remain the same at present. [Crittenden, Gemma Mrs 07/06/22 16:34:13] Risk reviewed by ED Matron in June 22 - no change to the risk grading, controls or narrative at this time as all narrative remains consistent with current climate.	Major (4)	Rare (1)	4	Low	31/07/2022	31/12/2022