ID	Opened	Strategy objectives	Responsible Lead / Handler	Manager (Executive lead)	Exec / Director	Rating (initial)	Risk level (initial)	Risk Description	Cause	Effect	Existing Controls	Consequence (current)	Likelihood (current)	Rating (current)	Risk level (current)	Progress notes	Consequence (Target)	Likelihood (Target)	Rating (Target)	Risk level (Target)	Date of next Review
392	02/05/2006	Patient Risk (Quality)	Clingo, Iain	Hunter, Nichola	Finance	25	Extreme / Very High	There is a direct risk to life and safety of patients, visitors and staff of the trust due to the potential of catastrophic failure of the roof structure due to structural deficiencies.	Pre-cast concrete construction of the building is 40 years old lifespan originally designed to last 25 years. The significant structure is showing signs of deterioration. 2016 - structural cracking found within 2 walls of the area surveyed	Potential risk to service delivery and safety of patients staff and public. 2016 survey report identifies further movement.	Additional monitoring has been implemented in key areas identified as weak points. The Trust is working with the East of England HEFMA Estates Group to ensure a consistent approach to managing risks across the region and nationally. Initial Radar Survey to 3 pre-selected Roof Zones was undertaken to help identify plank locations along with an initial assessment of reinforcement Further internal and external intrusive investigations are now underway within the 3 designated Zones whereby sample cores and assessments can be made and conclude the structural investigation report. Plan drawn up showing every RAAC panel with unique identifier competed MLM have provided an updated safe loading capacity for Fire Brigade Access and they provide advice before placing any additional loads on the roof structure. Completion of level survey by laser level to the underside of the RAAC roof units and their supporting RC framework to establish the deflection profile of all areas of roof structure. The results of the survey shall be reviewed by a Structural Engineer. Strategy agreed with Structural Engineer for managing risks associated with shear point failure (i.e. failure of the RAAC panel near the end point supports). Worked with the Structural Engineer to identify a SOP for managing risks associated with extreme weather events (i.e. snowfall, heavy rainfall, heatwave, strong winds, etc.) when the risk of structural failure may be enhanced. Follow Structural Engineers advice regarding the need to open-up any RAAC panels in order to determine the physical condition of the structure. Review and analysis of RAAC deflection survey. Obtain advice from Structural Engineers (WSP) including a report detailing the action plan and management strategy to mitigate the risk of structural failur Follow Structural Engineers advice regarding the need to open-up any RAAC panels in order to determine the physical condition of the structure. Desktop evacuation was undertaken in 2019 and 2020 which included requirement to evacuate site due to plank failure - to repeat desktop evacuation plan every 12 months. New suite of action cards developed based on cards produced by the West Suffolk and circulated to wards and departments, estates and switchboard teams. General communications released giving reassurance and detailing how staff should report any issues regarding RAAC panels. 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. Monthly return to NHS E/I giving a progress update	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[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. [Carlton, Emma Mrs 29/04/21 09:47:54] Roof Risk Register update – May 2021 Site – clinical areas and non clinical - 76 Acrow props, 53 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, 22 timber beam supports Estates Asbestos holding room 2 Acrow props Totals = 80 Acrow props and 115 timber beams across the site The radar survey begins on the 4th May. The radar survey will determine the condition of the end bearing of planks in key locations around the site. The work is in 3 stages: • Non-intrusive survey on the roof itself – expected to take 2 weeks. Areas to be surveyed are: Estates, Elm/Denver, Feltwell/Gayton/Leverington/Marham, Leverington approach corridor, and Necton/Oxborough/Windsor (map uploaded to RR) • Off site for 2 weeks to analyse survey data • Back on site beginning of June to start the intrusive work from below, based on the results of the survey. Throughout the radar survey, regular comms will be issued to inform staff (as there is likely to be noise generated from the intrusive work). Work will be coordinated with the site team for ward access. [Carlton, Emma Mrs 20/04/21 11:14:40] Progress Update 20.04.21: Castons have carried out a detailed survey of approx. 45% of the roof and advise that there is approx. 4-5 months remaining to complete the work. Further to this, there is another 2 months work to survey all external RAAC wall panels. As at 20.04.21, 16 more Acrow props have been installed, there are now 61 props in place in total, the locations of which are mapped. An additional 32 timber beam failsafe's have been fitted, which has saved installing that same amount of Acrow props again, which would have otheriwse impacted on services. Wherever possible, timber beam failsafes will be installed going forward as an alternative to Acrow;s in order to preserve and maintain bed spaces and access routes. [Woodcock, Douglas 21/04/21 13:41:23] Risk was reviewed and approved at AREG in April, with a verbal update from the Health and Safety Manager noted.	Major (4)	Rare (1)	4	Low	01/06/2021

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 STP level and a Strategic Capital Board is in place with each organisation represented at Executive level. • An allocation has been made to the Trust with only prior year commitments and critical capital spend being approved whilst a detailed Capital Plan and Capital Programme was developed. This programme aims to address critical backlog issues and investment requirements on a risk based assessment. Executive level monitoring of progress against the development of the plan and the expenditure incurred. • STP Digital Strategy, and Annual digital plan in place – NED engagement in STP workstream. • In partnership with STP colleagues, the Trust is on a journey to develop ICT technologies and transformational service solutions and has a clear digital roadmap for delivery for this financial year and beyond. This includes the implementation of RIS / EPMA as well as the development of business cases for E-Obs and a system wide EPR solution. • Cyber plan in place, cyber security reports and internal audits to Audit Committee and Board • Local and Regional Resources identified to deliver digital strategy and cyber plan with national match funding available.	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[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. [Woodcock, Douglas 21/04/21 14:03:36] Risk reviewed at AREG in April 21. No changes to the risk grading were proposed. It was noted that this risk will pass to the director of finance for exec ownership as of this month. [Woodcock, Douglas 15/04/21 11:35:04] Risk reviewed and approved by COO and deputy COO. No changes to the risk score were proposed at this time.	Major (4)	Unlikely (2)	8	Moderate	28/02/2021
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 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 [MacDuff, Olivia Miss 29/04/21 16:11:52] Risk reviewed by ED Triumvirate, risk remains the same with ongoing delays to transfer patients from the Acute Trust ED to an inpatient MH bed. [Woodcock, Douglas 21/04/21 13:45:13] Risk reviewed at AREG in April 21. Although it was noted and agreed that Trust escalation processes have improved, no changes to the risk grading were proposed due to there being no changes to the external mitigations. [Woodcock, Douglas 15/04/21 10:36:15] Risk reviewed by COO and Deputy COO. Although Trust escalation processes have improved, there have been no changes to external mitigations in place. Risk grading to remain the same	Moderate (3)	Unlikely (2)	6	Low	31/05/2021

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

2643	16/09/2019	Patient Risk (Quality)	Underwood, Victoria	Berns, Mrs Nicola	Medical Director	16	High	There is a risk that patients are unable to access safe and effective diagnostic imaging at the trust to service level standards which may affect their clinical care, due to insufficient staff in diagnostic imaging.	Capacity of radiology services. Specifically vacancies in Radiologists (Risk 2352), Radiographers (Risk 2273) and Sonographers (Risk 1750). The Trust was without a substantive Manager between 2017 and 2020 due to the long term sickness absence of the previous incumbent.	In patients: Delays in access to diagnostic imaging for emergecny patients can lead to delays for those patients and failure to meet 4h emergency care standard. 7 day operational services not routine leading to delays in inpatient care and discharge which impairs flow through the hospital. Out patients: Frequent breaches of the 6 week diagnostic standard. Limited access to timely high quality diagnostic imaging services could lead to further delays in patients pathways, particularly on RTT waiting times (Risk 956) and 2ww cancer pathways (Risk 2634). Maternity Services - Reduced Access to ultrasound services for maternity patients requiring GROW scans (Risk 1750). Delays in Clinicians receiving Radiology Reports due to Reporting Backlog leading to delays in treatment pathways. Risk to patient safety if inadequate cover both in and out of hours services. OOH is currently more vulnerable due to all weekend and Bank Holiday hours being covered by Radiographers working "Bank" (Rostered)hours over and above their substantive contracts.	2020:Substantive Manager appointed 2021 - staffing Business Case submitted; increasing Reporting Radiographer Capacity business Case submitted; Apprentice Radiographer Business Case submitted Interim Manager has recently been appointed.(2019) Interim Manager is reviewing current staffing and establishment against demand and capacity and it is likely that investment will be required to address this risk. Interim Manager completing Business Case relating to overseas recruitment. Radiologists - posts filled, however some are new to Consultant role or are in speciality doctor posts Sub-contracted radiology services (Everlight) are in use to provide additional radiology reporitng capacity and to support the reporting of images out of hours. Use of agency radiography staff.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 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. [Woodcock, Douglas 21/04/21 13:58:47] Risk reviewed at AREG in April 21. The risk narrative was discussed; the risk manager queried if this should perhaps be a Trust-wide risk, if all divisions were having issues with waiting times. The governance manager for radiology advised that this risk is not just about waiting times, but also about staffing levels and the overall culture within radiology. Risk to remain specific to radiology. [Woodcock, Douglas 08/04/21 15:07:33] Risk approved by medical director. Governance manager for CSS to provide an update on current waiting times and backlog for scans at AREG on 20 April 2021.	Moderate (3)	Rare (1)	3	Low	17/05/2021
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 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. [Woodcock, Douglas 30/04/21 11:59:17] Risk reviewed by head of information governance in April 21. No changes to the risk grading or controls are proposed at this time. [Woodcock, Douglas 22/04/21 15:29:58] Risk reviewed at AREG in April 21, and approved for addition to the Trust signficant risk register [Woodcock, Douglas 01/04/21 14:28:05] Risk reviewed and approved by head of digital. Risk has also been reviewed and approved by deputy chief executive, and will be presented at AREG on April 20 for addition to the Trust significant risk register.	Moderate (3)	Possible (3)	9	Moderate	23/04/2021

2853	26/03/2021	Process / Corporate Risk	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 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. [Woodcock, Douglas 30/04/21 12:01:17] Risk reviewed by head of information governance in April 21. No changes to the risk grading or controls are proposed at this time. [Woodcock, Douglas 22/04/21 16:35:25] Risk reviewed at AREG in April 21 and approved for addition to the Trust significant risk register. [Woodcock, Douglas 01/04/21 14:31:27] Risk reviewed and approved by head of digital, with executive oversight from deputy chief executive. This risk will be presented at April 21 AREG, for approval to be added to the Trust's significant risk register.	Moderate (3)	Possible (3)	9	Moderate	26/04/2021
2199	10/12/2015	Patient Risk (Quality)	MacDuff, Miss Olivia	Harvey, Sarah	Chief Operating Officer	16	High	There is a risk that patients could come to harm through delays and inability to achieve the 4 hour target in the Emergency Department due to a number of factors linked to capacity and demand. This also directly impacts patient experience in the department.	Risk is caused by a multitude of factors, which include delay in transfers of care leading to limited numbers of discharges across the Trust. There are large numbers of GP referrals to specialties which currently are not able to be accomodated directly and are therefore re-directed to ED. This results in increased demand on Emergency Services and capacity issues making it increasingly hard to offload patients from ambulances in a timely manner due to a lack of cubicle space. Trust discharges are largely still occurring later in the day which impacts patient flow. There remains an element of failure in admission avoidance schemes in the community leading to an increase of patient requiring emergency services (for example end of life care plans.	Potential for adverse patient outcomes, including increased mortality rates. Poor patient experience. Potential reputational damage.	Escalation process in place, and emdedded, improvement seen in early escalation of breaches however this will continue to be monitored. Daily breach meeting set up with ED Leadership Team to review breaches from the previous day and ensure any learning taken away. Red ED re-located to Day Surgery Unit 9 January 2021. This has shown a reduction in ambulance delays over an hour, in February 1.08% of handovers exceeded 60 minutes. There has also been approximately a 20% increase in performance for 15 minute ambulance handover which for February 21 performance was 56.55%. Work continues to improve performance further which includes planning for the Day Surgery Step Down. A further 10% increase has been seen since January 21, February performance was 83.5%. This is now a 15% increase since December 2020. Monthly exception report produced for Divisional Board for oversight, detailing changes and improvements. There has been a reduction in complaints regarding waiting times in 2020/21 compared to 2019/2020. Governance structure and processes in place to respond to changes as they occur e.g. Daily capacity and flow meetings (inc. weekends), daily silver call. A data validation SOP for 4 hour breach reporting in place. Emergency care improvement programme in place to review pathways of care from pre-hospital to discharge with the aim to reduce delays and crowding. Weekly meeting in place with new UEC programme manager.	Moderate (3)	Almost Certain (5)	15	High	[Woodcock, Douglas 19/05/21 09:22:32] Risk reviewed at AREG in May 21. Although there was some discussion if the likelihood of the risk could be reduced, it was decided to keep the risk grading the same for now. [Woodcock, Douglas 10/05/21 11:04:54] Risk reviewed by COO. Although it was queried if the risk could be downgraded, this was not supported, as it was felt that the risk of patients coming to moderate harm was still prevalent at the msot frequent level. A cleansing of the risk controls was also requested. Input taken back to the division. [Woodcock, Douglas 05/05/21 10:53:23] Risk reviewed by service manager for Emergency Care. It was proposed that this risk is downgraded, following the shift of the focus to the risk of harm to patients delayed in the department by more than four hours. It is proposed that the risk level is decreased to 3 (moderate) x 3 (possible) = 9 (moderate). [Woodcock, Douglas 21/04/21 14:05:54] Risk reviewed at AREG in April 21. The request for additional clarity in relation to the risk narrative was noted, and has now been actioned. No changes to the risk grading were proposed at this time. [MacDuff, Olivia Miss 20/04/21 16:48:25] Riak has been reviewed and updated by ED triumvirate. The risk is that patients could come to harm due to the inability to achieve the 4 hour target. When patients are in the department less than 4 hours their risk of harm and mortality rate significantly reduces. [Woodcock, Douglas 15/04/21 11:50:01] Risk reviewed by COO and deputy COO. Although risk was approved, additional clarity was requested in relation to the risk narrative. Email sent to division leads for urgent action.	Moderate (3)	Possible (3)	9	Moderate	30/05/2021