Agenda item 13

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	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Wickington, Tracey 15/09/22 16:09:43] Risk reviewed at Safe Executive Group on 8 September 22. Assurance was given that the risk had been through the correct review processes in month. No change to the grading at this time.	Major (4)	Rare (1)	4	Low	30/09/2022	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	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Wickington, Tracey 15/09/22 13:05:09] Risk reviewed 06.09.22 with the Director of Estates and Facilities and approved by Deputy CEO. The new endo unit was handed over to the Trust on the 5th of September for deep cleaning to start, it will be open for patients from the 19th of Sept - this will enable the Trust to progress with the plan to failsafe main theatres - and this work starts on the 19th of September. The Estates team are working through the backlog maintenance workplan to address the 1.5m significant risk items. This work is to be completed by the 31st of March. MRI scanner project is now underway, the first MRI has now been removed, and the project is on track for completion. ENT ventilation work - internal work has been completed, and external work will be completed by October. Changing room work has commenced and will be completed in October. ED expansion business case has been approved and design work has begun, the project is to be completed by 31st March 23. Oversight of the backlog maintenance workplan and the capital workplan is via the Estates Capital Delivery and RAAC Forum, which meets monthly. Module 2 is due on site in November to enable decanting of admin teams - to support the RAAC programme. The Inspire Centre is due to be demolished in early 2023 as part of the RAAC programme - services will be re-provided in modular buildings on the QEH site. The DAC business case was approved by the Board, approval is now awaited from the national team.	Major (4)	Unlikely (2)	8	Moderate	30/09/2022	30/11/2022

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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	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Wickington, Tracey 15/09/22 16:13:09] Risk reviewed at Safe Executive Group on 8 September 22. Assurance was given that the risk had been through the correct review processes in month. No change to the grading at this time. [Carlton, Emma Mrs 26/08/22 10:31:06] Risk reviewed on 25.08.22 with the Director of Estates and Facilities. £80M has been awarded to the QEH to support the RAAC programme, with the regional RAAC team working with the national team to support the additional funding that was identified as £130m. Further updates are awaited.	Catastrophic (5)	Unlikely (2)	10	Moderate	26/09/2022	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	Major (4)	Likely (4)	16	High	[Wickington, Tracey 15/09/22 14:55:09] 08.09.22 Risk reviewed by COO. The trend of increasing numbers of patients presenting to ED that was seen in June 2022 has stabilised. Plan to consider reducing the likelihood next month if the number of acute cases continues to decrease. No change to risk rating at this time.	Moderate (3)	Unlikely (2)	6	Low	30/09/2022	30/06/2023

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2592	16/05/2019	Patient Risk (Quality)	Raghuraman, Dr Govindan	Raghuraman, Dr Govindan	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	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	Major (4)	Likely (4)	16	High	[Wickington, Tracey 15/09/22 15:48:41] Risk reviewed at Safe Executive Group on 8 September 22 where the proposal to increase the rating from 16 to 20 increase in Likelihood from a 4 to a 5) was discussed. Whilst there was recognition of the significant ambulance delays, work is being undertaken internally to try and address this and it was felt that there was a lack of evidence that harm was "expected to occur at least daily, >50%" as defined in the framework for a likelihood of 5. Agreed that risk rating would remain at current rating - Consequence 4 (Major) x Likelihood 4 (Likely) = 16.	Major (4)	Rare (1)	4	Low	30/09/2022	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	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	Major (4)	Likely (4)	16	High	[Wickington, Tracey 15/09/22 16:01:35] Risk reviewed at Safe Executive Group on 8 September 22. Assurance was given that the risk had been through the correct review processes in month. No change to the grading at this time.	Moderate (3)	Rare (1)	3	Low	06/10/2022	01/03/2023

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2788	28/09/2020	Patient Risk (Quality)	Williamson, Alla	NB	Chief Operating Officer	6	Low	There is a risk of medication-related harm to patients resulting from lack of pharmacist capacity	High number of pharmacist vacancies resulting in reduced capacity 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 5. Secure locum pharmacy support where available	Major (4)	Likely (4)	16	High	[Wickington, Tracey 15/09/22 15:04:41] 08.09.22 Risk reviewed by COO. A revised Risk Assessment has been drafted to reflect the latest position and include the potential impact on service delivery, patient safety and staff welfare and will be discussed at DLT to ensure mitigations remain appropriate. No change to risk rating at this time, pending outcome from DLT.	Moderate (3)	Rare (1)	3	Low	30/09/2022	31/12/2022
2849	24/03/2021	Patient Risk (Quality)	NH11	NH11	Deputy Chief Executive	20	Extreme / Very High	Partial or complete loss of digitally enabled services through a direct or indirect cyber security attack.	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. The current security patching compliance across the Trusts server and endpoint estate leaves the Trust exposed to known software vulnerabilities that could be leveraged to initiate a cyber security incident. Due to the ongoing overseas conflict within Ukraine, there is an increased risk that the Trust (and the NHS as a whole) may be a collateral damage of a malicious cyber attack. This increased threat level was confirmed by the National Cyber Security Centre (NCSC) to be in place for the foreseeable future on the 5th July 2022.	A cyber security incident could result in a partial or complete loss of digitally enabled services across the Trust. Partial or complete loss of digitally enabled clinical services would significantly impact patient throughput, outcomes and safety. There would also be significant disruption to business critical administrative, financial and communication systems such as email and telephony. The effect of a cyber security incident could extend into a period of months in the worst case scenario. 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	Major (4)	Likely (4)	16	High	[Wickington, Tracey 15/09/22 15:04:41] 07.09.22 Risk reviewed by Head o	Moderate (3)	Possible (3)	9	Moderate	30/09/2022	31/12/2030

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2853	26/03/2021	Process / Corporate Risk	Cottis, Mr Phil	NH11	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. Unauthorised access to Trust digital services or assets could lead to exposure and exfiltration of Trust and patient data. Overly permisive access controls could lead to exposure and exfiltration of Trust and patient data. Data not encrypted in transit and intercepted. Data not encrypted or sufficiently protected at rest providing access to clear text data. The current security patching compliance across the Trusts server and endpoint estate leaves the Trust exposed to known software vulnerabilities that could be leveraged within a cyber security incident to gain access to additional systems and data. Due to the ongoing overseas conflict within Ukraine, there is an increased risk that the Trust (and the NHS as a whole) may be a collateral	The distress to an individual or group of individuals through the unauthorised exfiltration and exposure of sensitive Trust and Patient data and associated reputational impact to the Trust. Potentially impact to patient safety (in particular vulnerable and protected individuals). Regulatory actions by Information Commissioners Office potentially resulting in fine. Private or class action law suits for damages by affected individuals.	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	Major (4)	Likely (4)	16	High	[Wickington, Tracey 15/09/22 16:18:27] 07.09.22 Risk reviewed by Head of Cyber Security and approved by Deputy CEO. No change to the risk grading at this time.	Moderate (3)	Possible (3)	9	Moderate	30.09.2022	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. The Main Theatre block will undertake RAAC work to make safe the roof, which has been brought forwards to commence 19th Sept 22, and which is expected to take 6/7 months to complete. The reallocation of theatre lists within working hours	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 are undertaken in accordance with Trust policy 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.	Major (4)	Likely (4)	16	High	[Wickington, Tracey 15/09/22 15:10:50] 08.09. 22. Risk reviewed by COO. Risk narrative and controls reflective of current situation, including Theatre RAAC position. No change to rating at this time.	Major (4)	Rare (1)	4	Low	30/09/2022	31/08/2022

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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 15/09/22 14:16:53] Risk reviewed by Divisional Head of Midwifery in September 2022. There has been a slight reduction in the number of children with MH needs seen over the last 2 months. Interviews for MH post are ongoing. The ICS has opened a "lighthouse" unit for children with eating disorders, which will reduce Trust activity. No change to the risk grading is proposed at this time.	Major (4)	Rare (1)	4	Low	30/09/2022	01/11/2023
2999	08/04/2022		Balmford, Sue	Balmford, Sue	Deputy Chief Executive	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	[Wickington, Tracey 15/09/22 16:22:27] Risk reviewed at Safe Executive Group on 8 September 22. Assurance was given that the risk had been through the correct review processes in month. No change to the grading at this time.	Major (4)	Rare (1)	4	Low	30/09/2022	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	[Wickington, Tracey 15/09/22 16:24:11] Risk reviewed at Safe Executive Group on 8 September 22. Assurance was given that the risk had been through the correct review processes in month. No change to the grading at this time	Moderate (3)	Unlikely (2)	6	Low	30/09/2022	31/05/2024

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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	[Wickington, Tracey 15/09/22 14:42:36] Risk reviewed by Director of Finance. There is potential for further scrutiny from ICS and / or Regulatory bodies which may impact on future development. Month 5 position is near to plan. No change to grading at this time.	Major (4)	Unlikely (2)	8	Moderate	30/09/2022	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	Moderate (3)	Almost Certain (5)	15	High	[Wickington, Tracey 15/09/22 15:13:29] Risk reviewed by COO 08.09. 22. Risk narrative and controls reflective of current situation. No change to the rating at this time.	Moderate (3)	Possible (3)	9	Moderate	30/09/2022	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	[Wickington, Tracey 15/09/22 15:16:00] 08.09. 22. Risk reviewed by COO. Risk narrative and controls reflective of current situation. No change to the grading at this time.	Major (4)	Rare (1)	4	Low	30/09/2022	31/12/2022