Agenda item 17 - Appendix 2

ID	Opened	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 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 - planned for November 2021. 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 the end of 2021. 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 return to NHS E/I giving a progress update. Regular meetings in place with structural engineers for advice and guidance.	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Woodcock, Douglas 19/01/22 09:48:00] Risk reviewed at A&REG in January 22. It was noted that the Tap and Test survey completion has been delayed due to the ongoing operational pressures. Work is ongoing during weekends to make up for the delay. Risk grading to remain the same. [Woodcock, Douglas 06/01/22 15:35:56] Risk reviewed by Director of Finance in January 22. The latest update from the Health and Safety Manager was noted. No changes to the risk grading were proposed. [Carlton, Emma Mrs 30/12/21 11:48:44] Status at 30.12.21: • 54 Acrow props in place (Two were added on 26.12.21 on Feltwell ward) • 230 timber/steel failsafe's are now in place – this includes 150 failsafe's which have been installed in the main gym to support all of the roof RAAC planks (16 new failsafes have been fitted to replace the 5 Acrows removed) • 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 (surveyors) will return on 4th of January to continue the survey and re-survey, and they will review the Acrow prop which has ben installed on Feltwell ward as a precautionary measure. Two Imarch reports were completed in December - NICU and Feltwell. Monthly returns continue to be submitted to NHS E/I for oversight and the RAAC programme board remains in place and meets monthly. Castons will be providing a data summary of progress to date when they return week beginning the 3rd of January. This data will be shared with the RAAC PB and NHS E/I as part of the monthly update. [Woodcock, Douglas 20/12/21 12:31:41] Risk reviewed at A&REG in December 21. The latest update from the Health and Safety manager was noted. Fire system risk 1938 was reviewed, and it was agreed to keep the current grading at 10. No changes to the grading of risk ID 392 (current grading of 20) were proposed. [Woodcock, Douglas 06/12/21 15:17:57] Risk reviewed by Director of Finance in December 21. The update from the Health and Safety Manager was noted and approved. No change to the risk grading. [Carlton, Emma Mrs 03/12/21 12:01:48] Update: 03.12.21. This risk has been linked to the fire compartmentation and fire system risk: 1938.	Major (4)	Rare (1)	4	Low	31/01/2022	09/06/2023

2757	10/06/2020	Process / Corporate Risk	Hunter, Nichola	Hunter, Nichola	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. 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). 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 • 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 capitcal 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 19/01/22 09:49:49] Risk reviewed at A&REG in January 22. The update in relation to the completion of the Churchill ward refurbishment works was noted and approved. No change to the risk grading. [Woodcock, Douglas 06/01/22 15:38:17] Risk reviewed by Director of Finance in January 22. Controls amended to reflect the renovations of the Emerson unit being completed. No change to the risk grading at this time. [Carlton, Emma Mrs 30/12/21 11:44:54] Risk reviewed 30.12.21 by AD for E&F and H&S Manager: The refurbishment of Churchill ward has taken place and the teams based on Brancaster, Appleton and West Newton are in the process of moving into their new accommodation during week beginning the 27th December. West Dereham and Brancaster work will then commence in early January 2022. Work continues at pace on the new Endoscopy unit, which will enable the current endoscopy unit to be re-located - this will allow for the decant for main theatres to enable the failsafe work to commence. NICU refurbishment and the construction of the Butterfly suite are both underway. The RAAC project continues, with oversight from the Strategic Director of Estates Projects and external oversight from NHS E/I. Estates are reviewing the ED in order to potentially expand the ambulance drop-off capacity, this will be taken forward as an Estates project A new AE for Fire Safety has been appointed to support the Trust with the site-wide fire safety risk assessment and the compartmentation project. [Woodcock, Douglas 20/12/21 12:32:46] Risk reviewed at A&REG in December 21. The latest updates from the Estates and Facilities and Digital team were noted. Risk grading to remain at 20 for present. [Woodcock, Douglas 06/12/21 16:36:59] Risk reviewed by Director of Finance in December 21. Updates from the health and safety and digital teams were noted and approved. No changes to the risk grading at this time. [Carlton, Emma Mrs 30/11/21 14:51:53] Risk reviewed and Estates update as follows: The refurbishment of Churchill ward will be completed by the 24th of December, and 4 outpatient teams will move into this space over the Christmas period. West Dereham and Brancaster work will then commence early January 2022. Work continues at pace on the new Endoscopy unit, which will enable the current endoscopy unit to be re-located - this will allow for the decant for main theatres to enable the failsafe work to commence. NICU refurbishment and the construction of the Butterfly suite are both underway. Exterior and interior decorating has been undertaken to improve the overall aesthetics of the site, with new wall art along the Terrington corridor. The RAAC project continues, with oversight from the Strategic Director of Estates Projects and external oversight from NHS E/I.	Major (4)	Unlikely (2)	8	Moderate	31/01/2022	30/11/2022

2244	04/03/2016	Patient Risk (Quality)	Chapman, Mrs Pamela	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 decision to admit from 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.	Major (4)	Likely (4)	16	High	[Hardy, Leigh 20/05/20 12:53:16] Reviewed at A&REG 19/5/2020 - agreement that this risk should belong in Medicine Risk Register - for review along with Risk ID 2243 also relating to MH patients in ED [Woodcock, Douglas 19/01/22 10:06:02] Risk reviewed at AREG in January 22. There was a robust discussion in relation to the ongoing concerns, particularly in relation to the ongoing surge in demand. No change to the risk grading at this time. [Woodcock, Douglas 10/01/22 12:17:49] Risk reviewed by the COO in January 22. The update from the division was noted; no change to the risk grading was proposed. [Woodcock, Douglas 05/01/22 17:02:33] Risk reviewed by medicine DLT in January 22. Ongoing demand for inpatient MH beds remains high. Risk grading remains appropriate at 16. [Woodcock, Douglas 20/12/21 12:43:03] Risk reviewed at A&REG in December 21. Controls and narrative remain up to date; no changes to the risk grading at present. [Woodcock, Douglas 10/12/21 09:41:41] Risk reviewed by the COO in December 21. The update from the Divisional Head of Nursing was noted; risk grading to remain the same at present.	Moderate (3)	Unlikely (2)	6	Low	31/01/2022	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, 2199, and 2915. 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	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), Cancer Treatment (2634), Mental Health beds in the community (2244), Care within ED (2199), and Elective Surgery (2915) Highly pressured working environment for staff Contract breaches	Previous controls in relation to performance reviews, new divisional structure, mortality staffing, and IQIP have been moved to business as usual. 43 of 46 CQC conditions internally closed at Evidence Assurance Group and moved to BAU. Positive feedback from Grant Thornton audit in relation SI process and learning. There is an improving position in relation to out of date guidelines and policies. 15 s31 and 5 s29a conditions closed by CQC. Clinical 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. • 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 vaccinations for Covid-19 at 94.4% (first dose) and 92.9% (second dose); third dose Covid-19 "booster" is at 76.3 % and 58.6% of staff have had their flu vaccinations Active frailty screening and Frailty in-reach in place for Acute floor as of 18th October On-site GP streaming agreed and planned to be in place before end of 2021 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	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 19/01/22 10:12:52] Risk reviewed at A&REG in January 22. The updates in relation to the surge in demand were noted. It was also noted that the narrative of the risk will be subject to change based on the ward de-escalation process, as well as the imminent CQC report. No change to the risk grading at this time. [Woodcock, Douglas 10/01/22 16:50:39] Risk reviewed by Medical Director in January 22. The narrative and controls were updated to reflect the latest surge in demand. No change to the risk grading was proposed. [Woodcock, Douglas 20/12/21 12:34:54] Risk reviewed at A&REG in December 21. The latest updates to the controls were noted. No changes to the risk grading were proposed at present. It was noted that the findings from the recently concluded CQC inspection will need to be reflected in the narrative of this risk, once the report becomes available [Woodcock, Douglas 08/12/21 09:47:02] Risk reviewed by Medical Director in December 21. Controls amended to reflect latest position. No change to the risk grading.	Major (4)	Rare (1)	4	Low	31/01/2022	31/10/2022

2643	16/09/2019	Patient Risk (Quality)	Oakes, Donna	Berns, Mrs Nicola	Medical Director	16	High	There is a risk that patients are unable to access safe and effective diagnostic imaging at the trust to service level standards which may affect their clinical care, due to insufficient staff in diagnostic imaging.	Capacity of radiology services. Specifically vacancies in Radiologists (Risk 2352), Radiographers (Risk 2273) and Sonographers (Risk 1750). The Trust was without a substantive Manager between 2017 and 2020 due to the long term sickness absence of the previous incumbent. The Trust also does not currently have a robust clinical prioritisation process in pace which will be addressed through the recently announced national roll-out of clinical prioritisation standards. As of 28 December 2021 and into January 22 the Omicron variant of Covid-19 is anticipated to have a significant impact on staffing levels and potentially increase demand for inpatient radiology services.	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 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.	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 reporitng capacity and to support the reporting of images out of hours. Use of agency radiography staff. The Radiology department has recently undergone a cultural review, the outcome of which is the development and implementation of an improvement action plan, which will be monitored alongside this risk and inform the assurance process inherant in managing this risk. 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 has been in use to help reduce the CT backlog and waiting times. Although as of October 21 the CT van is not currently in use, it is anticipated that it will be available for usage again shortly. It is anticipated that it will be in use throughout January - March 2022. obstretic ultrasound is now working to time due to prioritisation protocol. An obstetric ultrasound lead has also been appointed. Funding agreed for addtional 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 financial year 2021 and the other to be installed by April 2022. Introduction of new RIS/PACs system has reached phase 1 completion, phase 2 being rolled out as of year end 2021.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 19/01/22 10:20:00] Risk reviewed at A&REG in January 22. A verbal update was given in relation to the ongoing staffing issues; radiographer interviews were conducted in January. No change to the risk grading at this time. [Woodcock, Douglas 07/01/22 11:53:41] Risk reviewed by the Medical Director in January 22. The latest divisional update was noted. No change to the risk grading was proposed. [Woodcock, Douglas 04/01/22 12:02:41] Risk reviewed by division and Deputy COO in January 22. Risk narrative and controls amended to reflect latest position due to Omicron variant. No change to the risk grading at this time. [Woodcock, Douglas 20/12/21 12:37:59] Risk reviewed at A&REG in December 21. The narrative in relation to the impending staffing reductions in January were noted; risk grading to remain at 16 at present. [Woodcock, Douglas 08/12/21 09:49:30] Risk reviewed by Medical Director in December 21. The latest update from the Governance Manager for Radiology was noted. Risk grading to remain the same at present. [Evans, Lee 01/12/21 14:49:25] Risk reviewed by governance manager for Radiology. Also discussed in RSLT meeting. No changes currently but by the end of January there will be a reduction of 3.8WTE Radiographers affecting plain film x-ray, some of whom work on the out of hours rota. Heavily reliant on locums, who can be difficult to recruit in some of the modalities. New radiology graduates not available until July 22. Moving towards developing our own radiographers and assistant practitioners via apprenticeship route. Radiology improvement manager undertaking establishment review which should address longer term staffing issues.	Moderate (3)	Rare (1)	3	Low	31/01/2022	01/03/2023

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. 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: 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 Diverting patients to other healthcare facilities (e.g. for widespread system loss)	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 19/01/22 10:22:10] Risk reviewed at A&REG in January 22. A verbal update was given in relation to a recently identified nation-wide flaw in NHS software systems; a patch is being produced and will be delivered as soon as possible. No change to the risk grading at this time. [Woodcock, Douglas 10/01/22 10:22:52] Risk reviewed by Deputy CEO in January 22. The latest update from the Deputy Head of Digital was noted and approved. No change to the risk grading in-month. [Woodcock, Douglas 21/12/21 10:03:07] Risk reviewed by deputy head of digital in January 22. Risk narrative and controls remain up to date. No change to the risk grading was proposed. [Woodcock, Douglas 20/12/21 12:54:17] Risk reviewed at A&REG in December 21. The latest amendments from the head of cybersecurity were noted and approved. The Group was assured that there are robust risk review processes embedded within the Digital team. No change to the risk grading at present. [Woodcock, Douglas 07/12/21 15:53:43] Risk reviewed by Deputy CEO in December 21. Risk narrative amendments from the head of cybersecurity were noted and approved. No change to the risk grading. [Woodcock, Douglas 01/12/21 14:19:40] Risk reviewed by head of cybersecurity in December 21. Risk details amended to include loss of supporting systems such as telephony and email from risk ID 2851 - Risk 2851 has been closed. This has been approved by the Deputy CEO. No changes to the risk grading at present.	Moderate (3)	Possible (3)	9	Moderate	31/01/2022	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 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: 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	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 19/01/22 10:31:12] Risk reviewed at A&REG in January 22. A verbal update was given in relation to a recently identified nation-wide flaw in NHS software systems; a patch is being produced and will be delivered as soon as possible. No change to the risk grading at this time. [Woodcock, Douglas 10/01/22 10:37:53] Risk reviewed by Deputy CEO in January 22. The update from the Deputy Head of Digital was noted and approved. Risk grading to remain the same. [Woodcock, Douglas 21/12/21 10:05:54] Risk reviewed by Deputy Head of Digital in January 22. Risk narrative and controls remain up to date. No change to the risk grading at present. [Woodcock, Douglas 20/12/21 12:54:46] Risk reviewed at A&REG in December 21. The latest amendments from the head of cybersecurity were noted and approved. The Group was assured that there are robust risk review processes embedded within the Digital team. No change to the risk grading at present. [Woodcock, Douglas 07/12/21 15:55:44] Risk reviewed by Deputy CEO in December 21. Changes to the risk narrative were noted and approved. No change to the risk grading at present. [Woodcock, Douglas 01/12/21 14:25:44] Risk reviewed by Cybersecurity manager in December 21. Risk narrative updated to reflect the confidentiality concerns associated with this risk. Risk grading to remain the same.	Moderate (3)	Possible (3)	9	Moderate	31/01/2022	31/12/2030

2915	12/07/2021	Patient Risk (Quality)	Harvey, Sarah	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 As of 28 December 2021 and into January 22 the Omicron variant of Covid-19 has impacted on flow and staffing, to an extent that the Trust has realigned the G&A bed-base to increase capacity in both red and amber areas. The elective programme has been significantly reduced as a result, and is currently undertaking P2 urgent activity only. This is also the case in outpatients, where clinics have been cancelled to meet staffing needs.	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 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 restoration 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 used the 26 elective beds that were ring-fenced for the elective programme to support flow and is now prioritising P2 and urgent cancer patients who are being treated through the Endoscopy unit. Clinical review of waiting lists and suitability of patients is underway.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 19/01/22 10:36:07] Risk reviewed at A&REG in January 22. The risk narrative updates in relation to the surge in demand were noted and approved. It was noted that it will be vital to track the narrative of this risk as de-escalation processes are implemented. No change to the risk grading at this time. [Woodcock, Douglas 10/01/22 12:18:45] Risk reviewed by the COO in January 22. The updates from the Deputy COO were noted and approved. It was agreed for the risk grading to remain the same, despite the ongoing pressures on elective care. [Woodcock, Douglas 04/01/22 16:05:53] Risk re-reviewed by Deputy COO in relation to surge planning. Narrative and controls amended to reflect latest position. Risk grading to remain the same. [Woodcock, Douglas 24/12/21 09:06:48] Risk reviewed by deputy COO in January 22. Risk narrative and controls remain up to date. No change to the risk grading. [Woodcock, Douglas 20/12/21 12:56:05] Risk reviewed at A&REG in December 21. Risk narrative and controls remain up to date. No change to the risk grading at present. [Woodcock, Douglas 10/12/21 09:44:12] Risk reviewed by the COO in December 21. The update from the Deputy COO was noted and approved. No changes to the risk grading at this time.	Major (4)	Rare (1)	4	Low	31/01/2022	31/08/2022
2199	10/12/2015	Patient Risk (Quality)	MacDuff, Miss Olivia	Hardy, Gary	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 an extended wating time in the Emergency Department	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) - Lack of a primary care co-located service to improve timeliness of access for walk in patients - Delays in transfers out of the ED due to extended waits for inpatient beds - Lack of pathways to suport direct access to acute medicine / surgery (where clinically appropriate) As of 28 December 2021 and into January 22 the Omicron variant of Covid-19 is anticipated to have a significant impact on capacity, flow and staffing. This is currently expected to be a short surge	Potential for adverse patient outcomes, including increased mortality rates. Poor patient experience. Potential reputational damage.	Daily breach meeting set up with ED Leadership Team to review breaches from the previous day and ensure any learning taken away. 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. 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 expected January 22 Exploring ED expansion to support ambulance handover, expected completion March 22. Increase of medical footprint by 30 G&A beds to support flow out of ED during Omicron surge.	Moderate (3)	Almost Certain (5)	15	High	[Woodcock, Douglas 19/01/22 10:39:38] Risk reviewed at A&REG in January 22. The updates to the risk narrative were noted and approved. No change to the risk grading at this time. [Woodcock, Douglas 10/01/22 12:19:48] Risk reviewed by the COO in January 22. The update from the Division and the Deputy COO was noted and approved. No change to the risk grading was proposed, despite ongoing surge in patient demand within ED. [Woodcock, Douglas 04/01/22 16:04:27] Risk reviewed by Division and by Deputy COO in January 22. Risk narrative and controls updated to reflect latest position. Risk grading to remain the same. [Woodcock, Douglas 20/12/21 12:45:10] Risk reviewed at A&REG in December 21. The proposal to split this risk was rejected; it was agreed that a separate risk in relation to ambulance handovers may be suitable, but that the other elements of this risk should remain as a combined significant risk. Risk grading to remain at 15. [Woodcock, Douglas 10/12/21 09:43:23] Risk reviewed by the COO in December 21. The proposal to split the risk was noted, and will be taken to A&REG in December for further discussion.	Moderate (3)	Possible (3)	9	Moderate	31/01/2022	31/12/2022