Agenda item 14

ID	Date First entered onto the Risk Register	Strategy classification	Handler	Manager (Executive lead)	Responsible exec	Rating (Initial)	Risk level (initial)	Risk Description	Cause	Effect	Existing Controls	Consequence (current)	Likelihood (current)	Rating (current)	Risk level (current)	Progress notes	Consequence (Target)	Likelihood (Target)	Rating (Target)	Risk level (Target)	Date of next Review	Target Completion date
392	02/05/2006	Patient Risk (Quality)	Clingo, Iain	Hunter, Nichola	Finance	25	Extreme / Very High	There is a direct risk to life and safety of patients, visitors and staff of the trust due to the potential of catastrophic failure of the roof structure due to structural deficiencies.	Pre-cast concrete construction of the building is 40 years old lifespan originally designed to last 25 years. The significant structure is showing signs of deterioration. 2016 - structural cracking found within 2 walls of the area surveyed. 2020-21 - full survey of all roof and wall RAAC planks began.	Potential risk to service delivery and safety of patients staff and public. 2016 survey report identified further movement and the full survey of every RAAC panel in the hospital roof and walls started in November 2020 and is expected to continue until the end of 2021, with the subsequent plank re-survey taking place throughout 2022. As the RAAC panel surveying continues, there may be (and have been) impact on clinical areas (wards) - due to bed closures - and IPC concerns with the location of Acrow props within clinical areas. Wherever possible, timber and steel support beams are used instead of Acrow props, in order to maintain bed spaces and not cause issues with cleaning.	Additional support structures are in place, and weekly monitoring has been implemented in key areas identified as being of cause for concern. The Trust is working with NHS E/I, the regional RAAC Advisory Group and the East of England HEFMA Estates Group, to ensure a consistent approach to managing risks across the region and nationally. Initial Radar Survey to 3 pre-selected Roof Zones was undertaken to help identify plank locations along with an initial assessment of reinforcement Further internal and external intrusive investigations are now underway within the 3 designated Zones whereby sample cores and assessments can be made and conclude the structural investigation report. Plan drawn up showing every RAAC panel with unique identifier competed MLM (SWECO) have provided an updated safe loading capacity for Fire Brigade Access and they provide advice before placing any additional loads on the roof structure. Completion of level survey by laser level to the underside of the RAAC roof units and their supporting RC framework to establish the deflection profile of all areas of roof structure. The results of the survey shall be reviewed by a Structural Engineer. Strategy agreed with Structural Engineer for managing risks associated with shear point failure (i.e. Failure of the RAAC panel near the end point supports). Worked with the Structural Engineer to write a SOP for managing risks associated with extreme weather events (i.e. snowfall, heavy rainfall, heatwave, strong winds, etc.) when the risk of structural failure may be enhanced. Follow Structural Engineers advice regarding the need to open-up any RAAC panels in order to determine the physical condition of the structure. Review and analysis of RAAC deflection survey. Obtain advice from Structural Engineers including a report detailing the action plan and management strategy to mitigate the risk of structural failure Regional Desktop / Virtual evacuation exercises have been carried out in 2019, 2020, and most recently in February 2022 (Exercise Farthing) which included the requirement to evacuate the QEHKL site due to a RAAC plank failure. A regional virtual exercise is planned for May 2022 - this will be organised by NHS E/I and the QEHKL will be in attendance. A suite of action cards has been developed based on cards produced by the West Suffolk. These cards have been circulated to wards and departments, estates and switchboard teams. Ongoing general communications are released giving reassurance and detailing how staff should report any issues regarding RAAC panels. Castons are on site completing the plank survey and re-survey - this is expected to continue until the end of the financial year 2021-22. Further Radar surveying began on 4th May to ascertain condition of plank end bearings. Results were received in June and intrusive survey work is now underway in key areas to check the status of the plank end bearings. This work was completed over summer 2021, with the full report having been received in October 2021. A workstream is in place with involvement from SWECO as to the next step - for end bearing support. Monthly returns are in place and are sent to NHS E/I giving a comprehensive progress update. Regular meetings are in place with structural engineers for advice	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Woodcock, Douglas 16/03/22 10:18:51] Risk reviewed at A&REG meeting in March 22. The mitigation that the ramp failsafe has been completed was noted and approved. It was agreed that despite this, it was appropriate for the risk grading to remain at 20, given that significant concerns remain in relation to the impact the roof integrity could have on the hospital from an operational standpoint. [Woodcock, Douglas 08/03/22 13:35:29] Risk reviewed by Director of Finance in March 22. The update from the health and safety manager was noted; assurance was provided that the ramp failsafe has been completed. Risk grading to remain at 20. [Carlton, Emma Mrs 28/02/22 13:51:18] Risk reviewed by the AD for E&F, status as at 28.02.22. 54 Acrow props remain in place. 470 steel and timber failsafe's are now in place – this includes 150 failsafe's which have been installed in the main gym and 238 failsafes which have been installed across the ramp. 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 or timber/steel failsafe's. The failsafe on the ramp has been completed, to provide a safe route in the event of an emergency. The second round of inspecting the condition of the P1 planks continues. This will now provide us with information around the current condition of the planks and whether there have been any changes since the year 1 survey. The initial tap test and deflection surveys of the outstanding ward areas has been taking place out of hours, in conjunction with the site ops team. This approach has slowed down, due to capacity issues. The Director of Strategic Estates Projects is working up a plan to achieve access. Areas to gain access to: Cavton ward, some of	Major (4)	Rare (1)	4	Low	31/03/2022	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). The CQC has recommended that the Trust be removed from the Recovery Support Programme (previously known as Special Measures), however, failures to modernise the hospital estate could impact upon patient safety and experience, as well as staff morale. There is also a potential for Reputational damage – trust identified as technological 'laggard' though improvements realised as part of Trust's COVID response	• The Trust has submitted a case as part of the Health Infrastructure Plan 2 and continues to progress a case for a new hospital • Capital Allocation has been made at an ICS level and a Strategic Capital Board is in place with each organisation represented at Executive level. • An allocation has been made to the Trust with only prior year commitments and critical capital spend being approved whilst a detailed Capital Plan and Capital Programme was developed. This programme aims to address critical backlog issues and investment requirements on a risk based assessment. Executive level monitoring of progress against the development of the plan and the expenditure incurred. • ICS Digital Strategy, and Annual digital plan in place – NED engagement in ICS workstream. • In partnership with ICS colleagues, the Trust is on a journey to develop ICT technologies and transformational service solutions and has a clear digital roadmap for delivery for this financial year and beyond. This includes the implementation of RIS / EPMA as well as the development of business cases for E-Obs and a system wide EPR solution. • Cyber plan in place, cyber security reports and internal audits to Audit Committee and Board • Local and Regional Resources identified to deliver digital strategy and cyber plan with national match funding available. •The Trust makes an allocation as part of the business planning process for medical equipment via the medical equipment committee, chaired by consultant anaesthetist. Business cases must be submitted, and there is representation from all divisions as well as deputy COO. Business cases are reviewed and prioritised against risk assessments submitted, and funding is allocated accordingly, to ensure the Trust remains within budget (usual allocation is approximately £1million). •Refurbishment of Emerson unit ward as outpatient area has been completed • RAAC emergency 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 08/03/22 13:57:41] Risk reviewed by Director of Finance in March 21. Risk narrative updated to reflect the CQC recommending the Trust is removed from the Recovery Support Programme. However, risk grading was agreed for remaining at 20 at present. [Woodcock, Douglas 16/03/22 10:25:24] Risk reviewed at A&REG in March 21. It was noted that significant estates project work is ongoing to improve the site, including the resurfacing of the main ambulance loading area. The new endoscopy unit remains on-track for completion in Spring 22. No change to the risk grading at present. [Carlton, Emma Mrs 28/02/22 13:52:54] Risk reviewed by the AD fro E&F, status as follows: The refurbishment of the Emerson unit was completed and the teams who were based on Brancaster and West Dereham have moved in. Snagging work is near completion. West Dereham and Brancaster refurbishment work commenced 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. The crane lifts were successful and 56 units were moved onto the site over a period of 6 days. NICU refurbishment and the construction of the Butterfly suite continue. The RAAC project continues, with oversight from the Strategic Director of Estates Projects and external oversight from NHS E/I. The Ophthalmology unit will be completed by the end of April 2022, providing a brand new space for the delivery of this service. Alterations are being made to the gym to aid service development. The main entrance road surface will be completely replaced week beginning 7th of March 2022, following this, the loading bay will be	Major (4)	Unlikely (2)	8	Moderate	31/03/2022	30/11/2022
2989	15/02/2022	Financial & Estates Risks	Jones, Ms Sarah	Benham, Chris	Finance	25	Extreme / Very High	There is a risk that the RAAC programme will be delayed, and that the funding allocation will not be sufficient to cover all of the failsafe work required, resulting in a Significant risk to patient, staff, and visitor safety.	This risk relates to the emergent risk that the Trust may not receive the full amount requested for the RAAC failsafe work. The original funding requirement identified was a requirement for a further £140m capital investment for year 2 onwards. This would ensure full failsafe installation to all RAAC areas, wall protection and roof protection, and ensure statutory safety compliance measures are met. The allocation is now likely to be reduced to £80m. The allocation will be made over a 3-year period, which is also longer than the initial proposal of 2 years. This will impact the RAAC project priorities, both financially and operationally should areas of the hospital have to be evacuated in the event that certain areas are assessed as unsafe.	The general condition of the Hospital buildings has been described by SWECO (structural engineers) as progressively deteriorating. Prolongation of the roof RAAC project means that the risks to occupants (patients and staff) will need to be managed and tolerated for a considerable period following the identification of the risks. The period from the identification of the requirement of immediate and urgent work on the RAAC construction (2 years ago) to the completion of the failsafe is now estimated as being 5 years. It is unlikely that the statutory compliance work (fire compartmentation, fire alarm system, ventilation) will be affordable from the emergency capital funding. Alternative sources of funding are being explored with NHS E/I There is a risk of operational pressures should there be a need for areas of the hospital to reduce or cease activity. This is partially covered by decant wards, but the risk remains that the restoration works will be unable to progress at the required pace.	RAAC risk assessment already in place (separate document) and recorded on risk register (entry 392) – reviewed monthly – more frequently as required. RAAC surveying team in place and progress monitored each week, with immediate remedial action taken where necessary. Monthly status update provided to NHS E/I RAAC Programme board in place. £80 million total funding allocation to be spread over a 3-year period. The risk rating to be reviewed monthly and may increase. The survey work will inform this as the rate of deterioration is currently unknown – this will be established as the re-survey progresses. RAAC workplan will be informed by the prioritisation of p1 and p2 planks as well as business critical areas. Regular advisory meetings with national experts SWECO to steer action plans and priorities	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Woodcock, Douglas 16/03/22 10:26:13] Risk reviewed at A&REG in March 22. Some minor amendments to the risk narrative were suggested, which have now been actioned. Risk grading agreed to remain at 20. [Woodcock, Douglas 08/03/22 13:33:56] Risk reviewed by Director of Finance in March 22. Risk narrative updated to give more detail in relation to the operational risk. No change to the grading at this time. [Carlton, Emma Mrs 28/02/22 13:53:07] Risk reviewed and remains scored at 20, with the current position being articulated and costed up by the Director of Strategic Estates Projects. [Woodcock, Douglas 25/02/22 10:52:33] Risk reviewed by Director of Strategic Estates Projects; risk narrative and controls updated to reflect current position. Risk grading remains appropriate at 20.	Catastrophic (5)	Unlikely (2)	10	Moderate	31/03/2022	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 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. When a MH patient presents to ED a cubicle checklist is completed to ensure their safety while in our care, as part of this checklist any ligatures are removed and patients belongings are searched for any harmful items. All MH patients in ED also have a mental health triage tool completed to assess their level of risk and additional support eg 1:1 care is given based on the requirement. NSFT are presenting a deep dive on 09/03/2022 to QEH NEDs	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 18/03/22 11:41:43] Risk reviewed at A&REG in March 22. The updates to the controls from the COO were noted and approved. The Group will seek updates from the noted deep dive, to be fed back at the April A&REG meeting. No change to the risk grading at this time. [Woodcock, Douglas 02/03/22 15:23:01] Risk reviewed by COO in March 22. Controls modified to reflect latest position. No change to grading at present [MacDuff, Olivia Miss 23/02/22 14:27:25] Risk reviewed on behalf of Medicine Head of Nursing 23 February 2022. No change of grading proposed at this time. Existing controls reviewed no changes required at this stage. In month there have been five Mental Health 12 hour breaches to date.	Moderate (3)	Unlikely (2)	6	Low	31/03/2022	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 Ongoing challenges with flow and discharge	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. 46 of 46 CQC conditions internally closed at Evidence Assurance Group and moved to BAU. Positive feedback from Grant Thornton audit in relation SI process and learning. There is an improving position in relation to out of date guidelines and policies. 4 section 31 notices remain on our licence Clinical harm Review programme restarted in April 21 Additional resource in place to support End of Life patients and management of deteriorating patients. • New palliative care lead nurse and clinical director in post. • New palliative care consultant practioner & band 6 nurse appointed in month. • Acquisition of the Sandringham as a green zone unit for elective day surgery procedures. Urgent and emergency care reset programme (re-designing of the hospital clinical pathways under SAFER red to green bundles of care, improved length of stay reviews, and the relaunch of the internal professional standards are all expected to improve patient flow within the hospital. Staff vaccinations for Covid-19 at 96.0%% (first dose) and 94.1%% (second dose); third dose Covid-19 "booster" is at 80.9% % and 62.5%% 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 GP now in place to support ED Daily Executive review of staffing levels Patient safety incidents, complaints and concerns are also being monitored at Executive level. UECSTSG relaunched to provide system support for emergency care Leadership of ICS care recovery board addressing elective waiting	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 18/03/22 11:40:25] Risk reviewed at A&REG in March 22. The updates from the Medical Director were noted and approved. It was agreed that the risk grading of 16 remains appropriate at present, but this will be closely monitored over the next few weeks with the improvements noted for elective recovery. [Woodcock, Douglas 07/03/22 16:56:13] Risk reviewed by Medical Director in March 22. Approval has been granted for a new role of UEC improvement manager. The Trust is currently on course for clearing the 104-week waits by April; the Elective Recovery programme is ongoing. Concerns remain in relation to Emergency Performance, but all 29A notices have been lifted by the CQC. Risk grading to remain at 16.	Major (4)	Rare (1)	4	Low	31/03/2022	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. New vetting and KPI SOP approved in-month Business continuity plans reviewed in relation to V-COD highlighting issues with potential service vulnerability; additional locum recruited and advert for substantive position has been placed.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 18/03/22 11:46:59] Risk reviewed at A&REG in March 22. The updates from the Risk and Governance lead and Medical Director were noted and approved. While it was noted that the current risk grading remains 16, it was agreed that it may be possible to identify a trajectory for downgrading the risk with the improvements noted in-month. This query will be returned by the Risk and Governance lead for the April meeting. [Woodcock, Douglas 07/03/22 16:57:37] Risk reviewed by Medical Director in March 22. Vetting SOP has been approved, as well as internal professional standards and KPIs for reporting. New General Manager for CSS appointed, and new improvement manager to be recruited. Risk grading to remain the same. [Jackson, Leanne Mrs 21/02/22 10:18:45] Risk grading remains appropriate at 16. Risk narrative and controls remain up to date. Will review in 1 months time (discussed with Radiology Governance Manager)	Moderate (3)	Rare (1)	3	Low	31/03/2022	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. Due to the ongoing conflict within Ukraine, there is an increased risk that the Trust (and the NHS as a whole) may be a collateral target of a malicious cyber attack.	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) Windows 10 Firewall rollout has been completed as of January 22	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 16/03/22 10:31:07] Risk reviewed at A&REG in March 22. The Group were assured that the current narrative in relation to the political situation in Ukraine had been captured within the risk description. No change to the risk grading at present. [Woodcock, Douglas 08/03/22 13:14:46] Risk reviewed by Deputy CEO in March 22. The latest update from the digital risk review meeting was noted and approved. It was agreed that the risk grading should remain at 16 at present. [Woodcock, Douglas 28/02/22 12:37:30] Risk reviewed during digital risk review meeting in March 22. It was noted that it will be difficult to ascertain precisely if the approach that the Trust is taking is in line with other Trusts in the area due to difference in both digital and cyber maturity; however, information will be sought. It was also noted that there may be an increase in likelihood of a cyber incident due to the ongoing political climate in Ukraine. No change to risk grading at present.	Moderate (3)	Possible (3)	9	Moderate	31/03/2022	31/12/2030

2853	26/03/2021	Process / Corporate Risk	Cottis, Mr Phil	Hall, Nigel	Deputy Chief Executive	16	High	Clinical or other personal confidential data is stolen as a result of a cyber incident. This may also lead to subsequent unauthorised disclosure, even mass disclosure, depending how many records are stolen	Modern cyber threats can be very sophisticated. They may not be specifically targeted at the NHS or any particular Trust but we can all still be unintended casualties. Data not encrypted in transit Data not encrypted or sufficiently protected at rest Due to the ongoing conflict within Ukraine, there is an increased risk that the Trust (and the NHS as a whole) may be a collateral target of a malicious cyber attack.	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 Rollout of Windows 10 Firewall has now been completed in January 22	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 16/03/22 10:33:35] Risk reviewed at A&REG in March 21. It was agreed that the current grading of 16 remains appropriate, particularly given the increased risk of malicious cyber activity due to the ongoing conflict within Ukraine. [Woodcock, Douglas 08/03/22 13:26:32] Risk reviewed by Deputy CEO in March 21. The update from the digital risk review meeting was noted and approved. The risk grading was agreed as remaining appropriate at 16. [Woodcock, Douglas 28/02/22 12:50:27] Risk reviewed during digital risk review meeting in February 22. Information will be sought from ICS partners to answer the query in relation to the local and national picture of cyber risk management. There is also a slightly increased likelihood of attack due to the ongoing political climate in Ukraine and Russia. Risk grading to remain the same.	Moderate (3)	Possible (3)	9	Moderate	31/03/2022	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 was significantly reduced as a result. There is currently a de-escalation plan being worked through, and the Trust is currently undertaking P2 urgent and long-waiting activity where clinically appropriate. This is also the case in outpatients, where clinics have been cancelled to meet staffing needs. Use of DSU for non-elective care reduces the capacity for elective care provision. Elective care capacity to provide inpatient elective care is further reduced by encroaching of urgent care beds into elective bed capacity. Current IPC recommendations further reduce the utilisation of the current capacity, resulting in an overall decrease in capacity/increase in demand. There is a risk that the Trust will not eliminate 104-week waits by the end of March 22 if DSU does not revert back to elective care by early March 22.	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. Sandringham ward is now in use predominantly for elective care, with one "amber" escalation bed remaining as of 03 March 22. The endoscopy unit has also reverted to carrying out endoscopy services. The de-escalation plan for DSU has been delayed due to the continued high number of Covid-19 positive inpatients. Patients on an elective surgical waiting list who are admitted via the emergency care pathway are also re-prioritised where appropriate The ICS has a mutual aid policy in place and is working towards a single PTL	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 18/03/22 11:48:59] Risk reviewed at A&REG in March 22. It was noted that the Trust remains on-plan for removing the backlog of 104-week waits by the end of April. DSU is also on track for reverting to elective care by the end of March. Risk grading to remain at 16 at present. [Woodcock, Douglas 07/03/22 15:26:31] Risk reviewed by COO in March 22. Risk narrative updated to reflect latest elective position. Risk grading appropriate to remain at 16. [Woodcock, Douglas 23/02/22 11:01:15] Risk reviewed by Deputy COO in February 22. Concerns remain that DSU remains in use to treat non-elective patients, however, current risk grading of 16 remains appropriate.	Major (4)	Rare (1)	4	Low	31/03/2022	31/08/2022

2199	10/12/2015	Patient Risk (Quality)	MacDuff, Miss Olivia	Baines , Anthony	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) - Delays in transfers out of the ED due to extended waits for inpatient beds Delay to discharge for patients on pathway 1-3 Discharge taking place later in the day, impacting on flow Reduced number of discharges on the weekend 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.	Weekly 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. 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, expected completion April 22. Increase of medical inpatient capacity in response to emergency demand & omicron surge by 55 G&A beds to support flow out of ED during Omicron surge. Consultant to consultant referrals from ED to specialty teams.	Moderate (3)	Almost Certain (5)	15	High	[Woodcock, Douglas 18/03/22 11:50:27] Risk reviewed at A&REG in March 22. It was noted that patient flow out of ED remains challenging, and is contributing to the Trust being in Full Capacity Protocol. Risk grading to remain at 15 at present. [Woodcock, Douglas 02/03/22 15:26:32] Risk reviewed by COO in March 22. Risk narrative and controls updated to reflect latest position. Risk grading remains at 15 at present. [Woodcock, Douglas 02/03/22 09:09:14] Risk reviewed with Medicine DLT in March 22. Risk narrative and controls remain up to date; no change to the risk grading at this time.	Moderate (3)	Possible (3)	9	Moderate	31/03/2022	31/12/2022