Agenda item 15

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 hosptial roof and walls started in November 2020 and is expected to continue until the end of 2021. As the RAAC panel surveying contimunes, there may be (and has been) impact on clinical areas (wards) - due to bed closures - and IPC concerns with the location of wooden props within clinical areas. Wherever possible, timber 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 is expected to be completed by the end of July, with the full report to follow in August 2021. 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 22/09/21 09:22:59] Risk reviewed at AREG in September 21. The latest update from the Health and Safety manager was noted and approved. It was agreed that the current risk grading remained appropriate. [Woodcock, Douglas 10/09/21 08:48:38] Risk reviewed by Director of Finance in September 21. The latest update from the Health and Safety Manager was noted and approved. No changes to the risk grading were proposed. [Carlton, Emma Mrs 31/08/21 11:06:40] Risk reviewed on 31.08.21 by H&S and Estates manager: Status as at 31.08.21: 57 Acrow props in place (no change) 210 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. The gym will be re-opening on the 6th of September 2021. 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. The intrusive radar survey progress has been steady as the remaining areas are on in-patient wards, and access has been challenging. Gayton ward was surveyed on Friday the 27th of August. The Castons 'tap and test' roof plank survey progress remains in the region of 95%, and the wall plank survey is underway along-side the roof surveying. The Acrows which are in place are checked each week by the roof team. Monthly returns continue to be submitted to NHS E/I for oversight and the programme board remains in place and meets monthly. [Woodcock, Douglas 13/08/21 09:14:10] Risk reviewed by Director of Finance in August 21. The latest updates from the Health and Safety manager were noted and approved. No changes to the risk grading were proposed. [Carlton, Emma Mrs 11/08/21 14:14:40] As at 02.08.21 = 210 supports are either required or are in place across the site. 57 Acrow props in Place 60 timber/steel failsafes in place 40 planks are supported in CCU via a steel and timber failsafe – custom designed and fitted, and there were 18 props in place (props now removed) 71 props are required for the Gym, which is closed (A custom designed steel and timber failsafe is now being fitted – work started on the 12th July and is 50% Complete) This is across 43 areas. % of 'tap and test' surveys on the roof planks – in the region of 95% The pre-survey work in main theatres starts on the evening of the 12th of August.	Major (4)	Rare (1)	4	Low	30/09/2021	09/06/2023

2757	10/06/2020	Process / Corporate Risk	Jones, Ms Sarah	Jones, Ms Sarah	Finance	20	Extreme / Very High	There is a risk that patients may receive sub-optimal care/treatment due to potential failures associated with the Trust's Estate, Digital Infrastructure and Medical Equipment. This could affect the ability of the Trust to modernise the hospital (estate, digital infrastructure and medical equipment) to support the delivery of optimal care. This could also impact the Trust's ability to acheive one of it's six strategic objectives (SO2).	Old hospital estate with significant backlog maintenance issues •Significant financial implications associated with further treatment of aligned risks such as roof •Many clinical areas known to need refurbishment, upgrades or improved layout or facilities Trust recognised as being digitally 'immature'. In 2019, the Trusts within the STP undertook a HIMSS Electronic Medical Record Adoption Model (EMRAM) Based on the assessment The EMRAM score for QEH was 0.03950. The national mean is 2.3.	Trust potentially unable to modernise the hospital (estate, digital infrastructure and medical equipment) to support the delivery of optimal care. This could impact the Trust's ability to acheive one of it's six strategic objectives (SO2). This risk could impact the Trust's ability to move out of Special Measures. There is also a potential for Reputational damage – trust identified as technological 'laggard' though improvements realised as part of Trust's COVID response	• The Trust has submitted a case as part of the Health Infrastructure Plan 2 and continues to progress a case for a new hospital • 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 Churchill ward as outpatient area to be carried out. 4 Different teams will then be moved to that area, with West Dereham and Brancaster being used as decant spaces.	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Woodcock, Douglas 22/09/21 09:24:42] Risk reviewed at AREG in September 21. The changes to the controls were noted and approved. Although there was some discussion in relation to the risk grading, it was agreed that the current grading remained appropriate. [Woodcock, Douglas 10/09/21 08:54:29] Risk reviewed by Director of Finance in September 21. The changes to the narrative from the Deputy COO were noted and approved. Risk grading to remain the same. [Woodcock, Douglas 24/08/21 11:40:17] Risk reviewed by Deputy COO in September 21. Controls were modified in relation to ward realignment plans and new hospital plan. No changes to the risk grading were proposed. [Woodcock, Douglas 13/08/21 09:44:08] Risk reviewed by Director of Finance in August 21. The latest update from the digital team were noted and approved. No changes to the risk grading were proposed [Woodcock, Douglas 27/07/21 09:35:08] Risk reviewed by deputy head of digital in August 21. RIS/PACS remains on track for the go-live date in August, and all other digital aspects of the risk are up to date. No changes to the risk grading were proposed. [Woodcock, Douglas 21/07/21 09:14:34] Risk reviewed at AREG in July 21, with a verbal update provided by the Director of Finance. There is a large body of work being undertaken by the digital team at present, including RIS/PACS going live in August. It was agreed that the risk grading should remain the same.	Major (4)	Unlikely (2)	8	Moderate	30/09/2021	29/03/2022
2244	04/03/2016	Patient Risk (Quality)	Strong, Miss Karon	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 Assessment inpatient beds for patients with severe dementia is only available in Norwich No MH bed management between midnight and 8am.	Poor patient experience Detained patients being unable to access the required assessment and treatment for their mental illness Trust assumes care to patients outside of core commissioned services Increased risk of harm to staff and other patients. Higher risk of self-harm events from MH patient cohort whilst not in specialist facility. Trust at risk of breaching statutory and regulatory requirement including 12 h breaches from decision to admit from ED. Potential delay in assessment and treatment Negative impact on internal patient flow	Locally there are 16 mental health beds which has been a static number of many years and in Norwich the number of beds was increased by 10 in 2017. NSFT also have available some additional block booked beds at Southern Hill Hospital. There are current plans in place to extend the availability of older persons beds at the Julian Hospital but no firm dates for this yet. Out of area beds are available at the discretion of the NSFT on call manager / care group and the CCG. The MH Trust is now taking part in SI investigations in relation to 12 hour A&E breaches, which will help provide greater insight into the root causes of the investigations.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 22/09/21 09:26:10] Risk reviewed at AREG in September 21. The latest update from the Head of Nursing for Medicine was discussed, and it was agreed that the risk should remain graded at 4 x 4 = 16 at present. [Woodcock, Douglas 06/09/21 13:25:16] Risk reviewed by COO in September 21. The update in relation to 12-hour breaches was noted and approved. No changes to the risk grading at this time. [Woodcock, Douglas 24/08/21 09:52:49] Risk reviewed by head of nursing for medicine in September 21. There have been 9 12 hour breaches in August as of 24/08/21, with no additional mitigations either locally or within the community. Risk grading to remain the same. [Woodcock, Douglas 24/08/21 08:53:54] Risk reviewed by COO in August 21. The update provided by the Head of Nursing for AREG was noted. No changes to the risk grading at this time. [Woodcock, Douglas 02/08/21 09:25:06] Risk reviewed by DLT in August 21. No changes to the risk grading were proposed, and it was identified that the current controls and risk rationale remain up to date. [Woodcock, Douglas 21/07/21 09:23:41] Risk reviewed at AREG in July 21, with a verbal update from the Head of Nursing for Medicine. There were 7 12-hour breaches reported in June. The Trust is engaged in regular discussions with the CCG and wider partners in relation to this risk, with good levels of shared communication in relation to this risk. No changes to the risk grading were proposed.	Moderate (3)	Unlikely (2)	6	Low	30/09/2021	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, 2634, 2643, 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	Higher rates of avoidable deaths Patient harm Increasing incidence of Infection outbreaks Poor patient outcomes Poor patient experience Increased number of 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 treatment 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 deputy chief nurse in post • New palliative care lead nurse in post. • New substantive chief nurse 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.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 22/09/21 09:28:23] Risk reviewed at AREG in September 21. The amendments made to the risk cause, effect and controls were noted and approved. There was significant discussion in relation to the current grading of the risk, and whether it was appropriate in relation to the current issues with patient access to care. However, it was agreed that the current grading of 4 x 4 = 16 remains appropriate at present. [Woodcock, Douglas 10/09/21 09:23:37] Risk reviewed by Medical Director in September 21. Risk cause and effect were amended to reflect current position in relation to access problems. Risk grading to remain the same. [Woodcock, Douglas 13/08/21 15:07:37] Risk reviewed by Medical Director in August 21. The amendments made by the Deputy Medical Director were noted and approved. No changes to the risk grading were proposed at this time. [Woodcock, Douglas 02/08/21 14:56:17] Risk reviewed by Deputy Medical Director in August 21. The risk cause, effect and controls were all amended to reflect the latest position on the risk. No change to the risk grading was proposed. [Woodcock, Douglas 21/07/21 09:28:34] Risk reviewed at AREG in July 21, with further discussion around the current grading. It was agreed that the current risk grading was appropriate given the continuing concerns in relation to patient access to care and provision of care.	Major (4)	Rare (1)	4	Low	30/09/2021	31/10/2022
2634	27/08/2019	Patient Risk (Quality)	Everitt, Mr Matthew	Broome, Kerry	Chief Operating Officer	15	High	There is a risk that patients will come to harm as a result of increased waiting times for cancer treatment	This is mainly due to delays in diagnostics: The current wait for MRI and CTVCs is between 2-3 weeks while CT scans is 15 days. Histology reporting remains below the target. Currently only 80%-85% of histology is reported within 10 days. There is a sustained increase in weekly 2ww referrals across all specialties which impact on diagnostic demands in radiology and theatre.	Delays may cause avoidable death or serious harm, shortened life expectancy or prolonged pain, poor patient experience. Adverse media coverage or public concern about the organisation. Inability to meet the cancer waiting time standard.	Harm Review policy implemented (an RCA breach analysis is completed for patients who have breached the 62 day referral to treatment standard, and harm reviews are completed for patients exceeding 104 days). Weekly PTL and escalation meeting to DLT Weekly Corporate PTL with Ops Leads Weekly Tertiary PTI with NNUH Recovery trajectory in place. The Trust is engaged with the cancer intensive support team and has an agreed improvement plan in place. Colorectal Cancer surgery has now restarted. A full time colorectal consultant has been recruited and in post. Direct access in Endoscopy was commenced on the 26th April 2021 while Straight to test was restarted on the 17th May 2021.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 22/09/21 09:29:59] Risk reviewed at AREG in September 21. There was some discussion as to whether the risk could be downgraded, as cancer harm reviews have so far only identified one case of a patient coming to harm due to delays. However, the group agreed that the current grading remained appropriate, as significant concerns remain in relation to waiting times for cancer treatment. [Woodcock, Douglas 06/09/21 13:49:51] Risk reviewed by the COO during September 21. Risk controls and narrative are up to date, and no changes to the risk grading are required. [Woodcock, Douglas 31/08/21 09:51:02] Risk reviewed during surgical risk review meeting in September 21. No changes to the risk grading at this time, all narrative remains up to date. [Woodcock, Douglas 24/08/21 08:59:25] Risk reviewed by COO in August 21. Some slight amendments were made to the risk narrative to provide greater focus on the risk of patient harm. No changes to the risk grading were proposed. [Woodcock, Douglas 21/07/21 09:31:23] Risk reviewed at AREG in July 21. It was agreed that the current risk grading remained appropriate as there are continuing concerns in relation to the Division's cancer waiting lists.	Minor (2)	Possible (3)	6	Low	30/09/2021	31/12/2021

2643	16/09/2019	Patient Risk (Quality)	VN2	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.	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.	2020:Substantive Manager appointed 2021 - staffing Business Case submitted; increasing Reporting Radiographer Capacity business Case submitted; Apprentice Radiographer Business Case submitted Interim Manager is reviewing current staffing and establishment against demand and capacity and it is likely that investment will be required to address this risk. Interim Manager completing Business Case relating to overseas recruitment. Radiologists - posts filled, however some are new to Consultant role or are in speciality doctor posts Sub-contracted radiology services (Everlight) are in use to provide additional radiology reporitng capacity and to support the reporting of images out of hours. Use of agency radiography staff. 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. Furthermore, work has commenced week beginning 24/05/2021 to review and implement the new national clinical prioritisation standards which will provide comprehensive KPI's for waiting times, prioritisation of patients, and management of expectactions across the Trust for services utilising diagnostic imaging. A CT van is in use to help reduce the CT backlog and waiting times 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 September (precise date not yet known), which will help to reduce backlog. Intruction of new RIS/PACs system anticipated to improve tracking and efficiency in the long term	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 22/09/21 09:48:34] Risk reviewed at AREG in September 21. There was some discussion in relation to the grading of this risk, particularly in relation to the known issues with the implementation of RIS/PACs. However, it was agreed that the current risk grading remained appropriate. [Woodcock, Douglas 10/09/21 09:14:42] Risk reviewed by Medical Director in September 21. Control added in relation to the implementation of RIS/PACs. Risk grading to remain the same. [Woodcock, Douglas 24/08/21 10:34:20] Risk reviewed by Divisional General Manager in September 21. Risk narrative and controls were slightly amended to reflect latest position. It was also noted that the new RIS/PACs system is being implemented. Embedding process is ongoing and bedding in issues are being experienced. These are impacting on access to timely diagnostic imaging, including 2ww's. Risk grading to remain the same at present, however, risk grading to be re-reviewed when an approximate timeframe for these additional challenges will be known. [Woodcock, Douglas 13/08/21 11:48:35] Risk reviewed by Medical Director in August 21. The latest update from the CSS governance manager was noted and approved. No changes to the risk grading were proposed. [Woodcock, Douglas 03/08/21 14:33:55] Risk reviewed with CSS Governance Manager in August 21. CT van is in place to reduce the CT backlog, and vacant posts continue to be advertised. There is a plan in place to reduce the backlog and waiting lists for diagnostic appointments with significant support from the DLT. However, no changes to the risk grading are proposed at this time as the waiting list for appointments remains extensive. [Woodcock, Douglas 21/07/21 09:33:30] Risk reviewed at AREG in July 21, with a verbal update provided by the CSS Governance Manager. 2 new staff members have been recruited but unfortunately the backlog is increasing, especially in relation to the waiting list for MRI scans. However, there is a CT van in place which is helping to reduce the CT backlog. This CT van control has now been added to the list of existing controls. Risk grading to remain the same.	Moderate (3)	Rare (1)	3	Low	01/10/2021	31/12/2021
2849	24/03/2021	Patient Risk (Quality)	Hall, Nigel	Hall, Nigel	Deputy Chief Executive	20	Extreme / Very High	Digitally enabled clinical services are rendered unavailable due to a cyber incident affecting patient throughput, outcomes and safety.	Modern cyber threats can be very sophisticated. They may not be specifically targeted at the NHS or any particular Trust but we can all still be unintended casualties. A malicious cyber-security related attack on the Trust's digital systems and / or information can occur from external or internal sources. Example initial malware access paths include phishing emails and drive by downloads. Example cyber attacks include ransomware, data compromise and other malware adverse effects plus network based denial of service attacks. Cyber risk is very much like fire risk. It never goes away no matter how many detection and suppression systems are put in place, or how much you prepare people, e.g. mandatory training, fire wardens. The treatment is to minimise the risk as far as possible and also be prepared. Unlike fires though, the beginnings of cyber-attacks can be much harder to detect; there are rarely obvious early signs such as smell, flames, smoke etc.	A cyber incident could cause temporary loss of departmental systems or could be wider spread, affecting complete divisions, the whole hospital or even the region Under legislation, the Network and Information Systems Regulations 2018 (NIS), NHS providers such as hospitals are classed as Critical National Infrastructure (CNI). Insufficient cyber resilience measures can also lead to enforcement actions, fines and prosecutions.	Within Digital's control: STANDARD TECHNICAL MITIGATIONS (Identify, Protect, Detect, Respond and Recover) Within the Divisions and Emergency Planning and Response functions Alternative local process and procedures including paper Diverting patients to other healthcare facilities (e.g. for widespread system loss)	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 22/09/21 09:49:53] Risk reviewed at AREG in September 21. The Group was assured that the narrative of the risk remains up to date on Datix, with all controls relevant and current. No changes to the risk grading were proposed. [Woodcock, Douglas 10/09/21 12:20:57] Risk reviewed by Deputy CEO in September 21. The Trust's new Head of Cyber Security will commence in post on 11 October 21. The digital team is continuing to progress on target with the Cyber Action Plan against the DSPT. No changes to the risk grading. [Woodcock, Douglas 25/08/21 15:58:51] Risk reviewed by Deputy Head of Digital in September 21. The risk narrative and controls remain up to date. No changes to the risk grading at this time. [Woodcock, Douglas 06/08/21 09:04:22] Risk reviewed by deputy CEO in August 21. The update from the deputy head of digital was noted and approved, and it was also noted that the Trust has successfully recruited a new head of cyber security, with a start date of October 21. No changes to the risk grading are proposed at this time. [Woodcock, Douglas 27/07/21 09:31:11] Risk reviewed by deputy head of digital. As of July, 15 outstanding DSPT actions reamin, however, there is an action plan in place for these. There are also a number of outstanding recommendations from other audits which are being reviewed in relation to the action plan. Risk grading to remain the same. [Woodcock, Douglas 21/07/21 09:37:21] Risk reviewed at AREG in July 21. There were discussions in relation to the risk grading, given that the Trust has successfully recruited to the Cyber Security Lead vacancy (start date TBC), and that the DSPT toolkit has been submitted as part of the improvement scheme. However, it was agreed that the current risk grading remains appropriate given the update received from the digital risk review meeting.	Moderate (3)	Possible (3)	9	Moderate	30/09/2021	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: STANDARD TECHNICAL MITIGATIONS (Identify, Protect, Detect, Respond and Recover) This includes encryption of data in transit (However encryption of data at rest is rare for operational and performance reasons) Within IG / Clinical control:- Caldicott Guardian oversight Training, awareness, comms, disclosure	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 22/09/21 09:59:32] Risk reviewed at AREG in September 21. The Group was assured that the narrative of the risk remains up to date on Datix, with all controls relevant and current. No changes to the risk grading were proposed. [Woodcock, Douglas 10/09/21 12:27:32] Risk reviewed by Deputy CEO in September 21. The Trust's new Head of Cyber Security will commence their post on 11 October 2021. The Digital team is continuing to progress on target with the Cyber Action Plan against the DSPT. No changes to the risk grading. [Woodcock, Douglas 25/08/21 15:59:17] Risk reviewed by Deputy Head of Digital in September 21. The risk narrative and controls remain up to date. No changes to the risk grading at this time. [Woodcock, Douglas 06/08/21 09:05:09] Risk reviewed by deputy CEO in August 21. The update from the deputy head of digital was noted and approved, and it was also noted that the Trust has successfully recruited a new head of cyber security, with a start date of October 21. No changes to the risk grading are proposed at this time. [Woodcock, Douglas 27/07/21 09:33:37] Risk reviewed by deputy head of digital in August 21. The digital team currently have 15 outstanding DSPT actions and although the action plan to address these has been agreed by NHSD they remain a risk. In addition there are a number of outstanding recommendations from other audits that are being addressed in relation to the action plan. Risk grading to remain the same. [Woodcock, Douglas 21/07/21 09:38:43] Risk reviewed at AREG in July 21. There were discussions in relation to the risk grading, given that the Trust has successfully recruited to the Cyber Security Lead vacancy (start date TBC). However, it was agreed that the risk grading should remain at the current level for now.	Moderate (3)	Possible (3)	9	Moderate	30/09/2021	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 pause in elective surgery during the COVID-19 pandemic, waiting times have increased. Since the recommencing of surgery, the focus has been on cancer and priority procedures. During Covid-19 peak waves, staff were redeployed away from elective care. The Day surgery unit was also being used as an ED area during the Covid-19 peaks Staffing vacancies and staff absence are also impacting on maximum theatre productivity Aerosol-generating procedures have also been reduced due to the risk of exposure due to Covid-19 Some of outpatient area A has also been given to ED, reducing the number of patients that can be seen in that area	This increase in waiting times may result in harm to patients The number of additional factors may result in an ageing waiting list, further increasing the risk of patients coming to harm due to longer waits.	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 Waiting list harm policy	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 22/09/21 10:01:20] Risk reviewed at AREG in September 21. The group was assured that the risk narrative and controls remain up to date. No changes to the risk grading were proposed. [Woodcock, Douglas 06/09/21 13:50:49] Risk reviewed by COO in September 21. The risk narrative and controls remain up to date. No changes to the risk grading at this time. [Woodcock, Douglas 02/09/21 11:23:02] Risk reviewed by Divisional General Manager for Surgery in September 21. There were no changes to the risk narrative or controls, risk grading to remain the same. [Woodcock, Douglas 24/08/21 09:01:11] Risk reviewed by COO in August 21. The updates from the Associate Director of Planned Care were noted and approved. Risk grading to remain the same. [Woodcock, Douglas 02/08/21 16:40:52] Risk reviewed by Associate Director of Planned Care in August 21. The risk narrative, cause, and controls were updated. No changes to the risk grading were proposed. [Woodcock, Douglas 21/07/21 09:06:49] Risk assessment reviewed at AREG in July 21. The risk grading was agreed as appropriate, and the risk was approved for adding to the Trust's Significant Risk Register. [Woodcock, Douglas 12/07/21 14:29:39] Risk assessment reviewed with and approved by the governance leads for Surgery and Women & Children in July 21, as the divisions that this risk is most applicable for. Risk assessment to go to COO for approval.	Major (4)	Rare (1)	4	Low	30/09/2021	31/08/2022

2930	19/08/2021	Patient Risk (Quality)	Hunna m, Dr Geoff	Alexander, Marie		20	Extreme / Very High	Risk of a delay in imaging and the subsequent reporting of images across all modalities as a direct result of the implementation of the new RIS/PACS.	Staff are still familiarising themselves with the new systems. Involves a complete change to working practices on both image acquisition and reporting. This is taking a disproportionate amount of time to ensure that all imaging practices are safe and adhere to relevant legislation. Some imaging referrals, appointments and images that have had to be migrated across from the old RIS/ PACS may have been lost in the transfer - resulting in some patients completely "slipping through the gaps". This is in addition to the existing pressures to staff and resources in trying to address the imaging backlog caused by COVID 19.	There are serious concerns around some patients on cancer pathways not receiving their treatment in a timely fashion. Oncologists are coming in person to the Radiologists stating that they cannot find either the images or reports for some of their patients. Delays to imaging in-patient referrals - preventing timely discharge of patients and the availability of beds. On-going delays to urgent and 2ww referrals - patients that have not yet had their condition diagnosed - delay in placing these patients on correct pathways. Further stress to staff across all groups and reputational damage to the Trust.	Further staff training on the new systems required.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 22/09/21 10:12:30] Risk discussed at AREG in September 21. Although it was agreed that the risk represented a Significant Risk, it was also agreed that the current grading of Major (4) x Almost Certain (5) = 20 was too high, and the risk should be regraded to Major (4) x Likely (4) = 16. Additional controls also to be uploaded to Datix by the Risk and Governance manager for CSS. [Evans, Chris 10/09/21 12:03:33] This risk was approved in August 2021 and updated on 10/09/2021 following escalation of issues to the CSS DLT and Patient Safety Team.	Moderate (3)	Possible (3)	9	Moderate	30/09/2021	01/10/2021
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 lenght 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)	Potential for adverse patient outcomes, including increased mortality rates. Poor patient experience. Potential reputational damage.	Escalation process in place, and emdedded, improvement seen in early escalation of breaches however this will continue to be monitored. Daily breach meeting set up with ED Leadership Team to review breaches from the previous day and ensure any learning taken away. Since the ED re-located into a combined red and amber footprint performance has decreased with May 2021 4 hour performance at just 77.54% down from 82.08% in April 2021. The number of ambulances delayed to offload by over an hour also increased to 9.90% with 208 patients waiting over an hour to offload in May 2021. 15 minute ambulance performance however remains stable at 53.31%. Monthly exception report produced for Divisional Board for oversight, detailing changes and improvements. There has been a reduction in complaints regarding waiting times in 2020/21 compared to 2019/2020. Governance structure and processes in place to respond to changes as they occur e.g. Daily capacity and flow meetings (inc. weekends), daily silver call. A data validation SOP for 4 hour breach reporting in place. Emergency care improvement programme in place to review pathways of care from pre-hospital to discharge with the aim to reduce delays and crowding. Weekly meeting in place with new UEC programme manager.	Moderate (3)	Almost Certain (5)	15	High	[Woodcock, Douglas 22/09/21 10:06:43] Risk reviewed at AREG in September 21. Following discussion within the Group, it was agreed that the risk should be upgraded to Moderate (3) x Almost Certain (5) = 15, following the increasing pressures within ED. [Woodcock, Douglas 22/09/21 10:04:37] Risk reviewed with Divisional General Manager and Divisional Risk and Governance Lead in September 21. It was agreed that the risk should be escalated to AREG in September for upgrading back to significant, due to the increased likelihood of patients coming to harm due to increased waiting times within ED. Risk grading proposed for increasing to Moderate (3) x Almost Certain (5) = 15. [Woodcock, Douglas 16/06/21 09:01:23] Risk reviewed at AREG in June 21. There was robust discussion in relation to the risk grading. It was noted that the number of patients attending A&E had increased following the easing of lockdown restrictions, including record attendances across a 24-hour period. However, it was agreed that these increased attendances and subsequent delays were not resulting in patient harm, and the current controls in place were effective for ensuring any impact on patient experience was minimal. Following this, it was agreed that the risk could be regraded as Moderate (3) x Likely (4) = 12, resulting in the risk being downgraded to Moderate and removed from the Trust Significant Risk Register. [Woodcock, Douglas 08/06/21 10:10:32] Risk reviewed by COO in June 21. Amendments to the risk narrative and cause were made. Suggestions for the risk likelihood to be downgraded were supported, and will be taken to AREG in June.	Moderate (3)	Possible (3)	9	Moderate	30/09/2021	31/12/2021