Agenda item 14

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 17/11/21 09:50:27] Risk reviewed at A&REG in November 21. The latest updates from the health and safety manager were noted and approved. It was agreed that the risk grading of 20 remained appropriate at present. [Woodcock, Douglas 09/11/21 11:26:51] Risk reviewed by Director of Finance in November 21. The latest update from the Health and Safety Manager was noted; the Castons tap and test roof plank survey has been subject to data correction from Castons, hence the percentage of completion has been changed. No changes to the risk grading were proposed. [Carlton, Emma Mrs 01/11/21 12:00:23] Status as at 01.11.21: • 58 Acrow props remain in place and are monitored weekly. • 235 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, and 22 failsafes which have been installed in the new Medical Equipment Library/Mattress store (was the catering store). • 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 • 57 areas of the Trust are affected by either Acrow props or timber/steel failsafes. The Castons 'tap and test' roof plank survey progress remains in the region of 79%, and the wall plank survey is underway along-side the roof surveying - this is approximately 66% complete. A plan is underway with the site team to decant a bay at a time in order to complete the remaining surveying in ward areas. 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. The work on the new Endoscopy unit and the refurbishment of Churchill ward are both on track and are integral to the on-going RAAC failsafe programme.	Major (4)	Rare (1)	4	Low	30/11/2021	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.	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. • 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 17/11/21 09:52:41] Risk reviewed at A&REG in November 21. Risk grading to remain at 20 as significant concerns remain in relation to the Trust's estate and digital infrastructure. [Woodcock, Douglas 09/11/21 11:27:57] Risk reviewed by Director of Finance in November 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 01/11/21 11:50:59] Risk reviewed 01.11.21 by AD for E&F, Head of Estates, Head of Estates Projects and H&S Manager. The refurbishment of Churchill ward will be completed by the 22nd of December, and the 4 outpatient teams will move into this space over the Christmas period. West Dereham and Brancaster work will then commence early January 2022. The new Endoscopy unit will be completed by the 31st March 2022, 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 on track for completion according to schedule. Exterior and interior decorating continues to improve the overall look of the site. The site electrical infrastructure was fully tested in October, and maintenance was undertaken on the high voltage switch gear, including a black-start on the generators in order to test the load on the generators across the whole site. This was successful as is undertaken on an annual basis according to HTM.	Major (4)	Unlikely (2)	8	Moderate	30/11/2021	29/03/2022
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	[Woodcock, Douglas 17/11/21 10:47:46] Risk reviewed at A&REG in November 21. The latest updates from the Deputy Chief Nurse and COO were noted. It was agreed that the risk grading remains appropriate at 16. [Woodcock, Douglas 09/11/21 09:00:20] Risk reviewed by COO in November 21. The update from the Deputy Chief Nurse was noted; clarity was sought in relation to the workstream currently reviewing MH patients which has now been provided (regional ICS workstream). No changes to the risk grading were proposed. [Woodcock, Douglas 01/11/21 12:54:29] Risk reviewed by Deputy Chief Nurse in November 21. Risk cause, effect, and controls all amended to reflect latest position. No changes to the risk grading were proposed.	Moderate (3)	Unlikely (2)	6	Low	30/11/2021	30/06/2022
								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 Increasing numbers of prolonged ambulance offloads & extensive delays to admission for patients within ED	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	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					[Woodcock, Douglas 17/11/21 09:53:39] Risk reviewed at A&REG in November 21. The amendments to controls in relation to staff Covid-19 vaccines were noted and approved. Risk grading to remain at 16.						

2592	16/05/2019	Patient Risk (Quality)	FS2	FS2	Medical Director	20	Extreme / Very High			(2634), Mental Health beds in the community (2244), Care within ED (2199), and Elective Surgery (2915) Highly pressured working environment for staff Contract breaches	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 93.7% (first dose) and 91.9% (second dose); third dose Covid-19 "booster" is at 56.9 % and 37.6% 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	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 09/11/21 11:32:21] Risk reviewed by Medical Director in November 21. Controls were amended to reflect latest position for staff Covid-19 vaccinations. No changes to the risk grading proposed at this time. [Woodcock, Douglas 19/10/21 17:03:43] Risk reviewed at A&REG in October 21. It was agreed that the risk narrative remains relevant to the current position. No changes to the risk grading were proposed. [Woodcock, Douglas 04/10/21 16:58:38] Risk reviewed by Medical Director in October 21. Risk effect and controls updated to reflect current position. No change to the risk grading at this time.	Major (4)	Rare (1)	4	Low	30/11/2021	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.	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. 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 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. 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 anticipated to improve tracking and efficiency in the long term, although embedding issues remain as of 1 October 2021.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 17/11/21 10:43:14] Risk reviewed at A&REG in November 21. It was agreed that the risk narrative and controls remain up to date. The risk grading remains appropriate at 16 at present. [Woodcock, Douglas 09/11/21 11:35:30] Risk reviewed by Medical Director in November 21. Risk narrative and controls remain up to date. No changes to the risk grading were proposed. [Evans, Chris 03/11/21 14:13:29] Risk reviewed at the extraordinary Radiology governance meeting on 01/11/2021, risk remains the same.	Moderate (3)	Rare (1)	3	Low	30/11/2021	31/12/2021
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	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	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 17/11/21 10:53:46] Risk reviewed at A&REG in November 21. The group was assured that the Trust's new cybersecurity manager would now be reviewing the cyber significant risks on a monthly basis to ensure all controls and narrative remain up to date. No changes to the risk grading at this time. [Woodcock, Douglas 09/11/21 11:44:11] Risk reviewed by Deputy CEO in November 21. The updates from the Cybersecurity Manager were noted and approved. The risk grading remains appropriate at this time. [Woodcock, Douglas 01/11/21 15:17:36] Risk reviewed by Cybersecurity Manager in November 21. Risk narrative and controls were amended to reflect latest position. No changes to the risk grading were proposed.	Moderate (3)	Possible (3)	9	Moderate	30/11/2021	31/12/2030

									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.		system loss)					[Woodcock, Douglas 20/10/21 12:36:22] Risk reviewed at A&REG in October 21. There was some discussion in relation to ensuring the controls and narrative for this risk remain up to date, as there is significant work ongoing within Cyber. All remaining DSPT actions from June 20 and June 21 are to be closed, and the Trust's new Cybersecurity manager is now in post. Windows 10 laptops will also be rolled out for Trust staff. No changes to the risk score at present.					
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 17/11/21 12:46:18] Risk reviewed at A&REG in November 21. The group was assured that the Trust's new cybersecurity manager would now be reviewing the cyber significant risks on a monthly basis to ensure all controls and narrative remain up to date. No changes to the risk grading at this time. [Woodcock, Douglas 09/11/21 11:44:56] Risk reviewed by Deputy CEO. The updates from the Cybersecurity manager were noted and approved. The risk grading remains appropriate at present. [Woodcock, Douglas 01/11/21 15:19:34] Risk reviewed by Cybersecurity Manager. Controls updated to reflect latest position. No change to the risk score at present. [Woodcock, Douglas 20/10/21 12:36:52] Risk reviewed at A&REG in October 21. There was some discussion in relation to ensuring the controls and narrative for this risk remain up to date, as there is significant work ongoing within Cyber. All remaining DSPT actions from June 20 and June 21 are to be closed, and the Trust's new Cybersecurity manager is now in post. Windows 10 laptops will also be rolled out for Trust staff. No changes to the risk score at present.	Moderate (3)	Possible (3)	9	Moderate	30/11/2021	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 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	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 improvements in the booking processes, to ensure the Trust maximises capacity for longer waiting and P2 patients. The Trust has ring-fenced 26 elective beds for ongoing use for elective surgery in DSU.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 17/11/21 10:51:39] Risk reviewed at A&REG in November 21. There was some discussion in relation to the initial and current grading of the risk, as they are both currently at 16; this raises questions about the effectiveness of our mitigations. Risk current and initial grading to be reviewed at next risk review meeting in month. [Woodcock, Douglas 09/11/21 09:15:13] Risk reviewed by COO in November 21. The updates from the Deputy COO were noted and controls further amended. Risk grading to remain the same [Woodcock, Douglas 01/11/21 13:29:48] Risk reviewed by Deputy COO in November 21. Controls amended to reflect latest position. No changes to the risk grading were proposed. [Woodcock, Douglas 20/10/21 11:35:52] Risk reviewed at A&REG in October 21. It was noted that the grading for this risk remains appropriate, and all narrative remains up to date.	Major (4)	Rare (1)	4	Low	30/11/2021	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)	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.	Moderate (3)	Almost Certain (5)	15	High	[Woodcock, Douglas 17/11/21 10:50:05] Risk reviewed at A&REG in November 21. It was agreed that the current risk remains high, as ED continues to experience extremely high demand. No changes to the risk grading at this time. [Woodcock, Douglas 09/11/21 09:17:07] Risk reviewed by COO in November 21. It was noted that there are plans in place to propose two new risks to capture the separate elements of this risk. These risk assessments will be reviewed by the COO prior to approval. [Woodcock, Douglas 01/11/21 12:30:27] Risk reviewed by Risk Manager and ED Service manager in November 21. Following an action from A&REG in October 21, 2 new risk assessments have been drafted in relation to potential for patient harm whilst waiting for ambulance offloads, as well as patient harm whilst awaiting transfer out of department. These risk assessments will go to the chief nurse for review. If approved, the Risk Manager and Service Manager recommend downgrading and potentially closing Risk 2199 as all of the major aspects of the risk will be covered in the new risk assessments.	Moderate (3)	Possible (3)	9	Moderate	30/11/2021	31/12/2021

																	[Woodcock, Douglas 20/10/21 11:03:16] Risk reviewed at A&REG in October 21. It was noted that there is a current patient safety risk due to the need to assess patients whilst they are waiting to be offloaded from the ambulances. Although it was queried if this should be part of Risk 2199, it was agreed for a separate risk assessment to be drafted for this risk. It was also noted that there is a risk associated with the transfer of patients from the Trust's ED to other hospitals, as delays to this process results in longer waiting times overall for patients within our ED. A new risk assessment will also be drafted for this risk. It was agreed for both of these risk assessments to be reviewed in conjunction with Risk ID 2199 at the November meeting of A&REG.					