Agenda Item: 13.1

ID	Opened	Risk type	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
392	02/05/2006	Patient Risk (Quality)	Chief Operating Officer	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	Potential risk to service delivery and safety of patients staff and public. 2016 survey report identifies further movement.	Additional monitoring has been implemented in key areas identified as weak points.	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Hardy, Leigh 26/03/20 10:38:12] Risk reviewed at Assurance & Risk Executive Group on 17th March. The group requested that further detail to be added in the 'controls' section and further update will be added following comparison/benchmarking with roof risk at West Suffolk hospital. [Tear, Jamie Mr 04/03/20 12:18:34] Executive review undertaken with COO on 04/03/2019. Risk to remain graded at 20 though bench marking of similarly graded roof risks with other best buy hospitals to be undertaken by the estates team. [Tear, Jamie Mr 12/02/20 15:57:56] The risk was reviewed at the Assurance and Risk Executive Group at its meeting on 11.02.20. The group agreed that the risk rating will remain at 20.	Major (4)	Rare (1)	4	Low	21/04/2020
2699	05/03/2020	Patient Risk (Quality)	Chief Operating Officer	20	Extreme / Very High	There is a risk that a Covid-19 pandemic will result in the trust being overwhelmed with an increase in infectious patients experiencing acute respiratory symptoms and requiring admission and/or intensive care. There is also a risk that a significant proportion of staff will experience sickness or be required to self-isolate or commence social distancing and be away from work. This could result in the hospital being unable to safely and effectively manage or isolate infectious patients and deliver it's normal services or standards of care.	COVID-19 poses a significant threat to the health of the population due to the ease with which it can be spread human to human by direct or indirect contact. The ability to travel easily to worldwide destinations has contributed to a pandemic occuring. Coronavirus COVID-19 has been declared as a pandemic	Primary Impact includes: Loss of staff due to illness or requirement to isolate, Excess casualties, Pressure on health organisations, Excess patients requiring ventilation, isoloation or intensive care. Excess fatalities. Impact on Trust's ability to deliver 'business as usual' services Secondary Impact: Psychological impacts, Economic impacts, Pressure on mortuary & funeral service providers and associated infrastructure.	The Trust has a Pandemic Plan and a Major Incident Plan in place, both of which have now been evoked with the COVID-19 pandemic being managed as a Major Incident. Leadership is being undertaken at Executive level with a Major Incident team in place and a control room base in the Chairman's office. A full and detailed Pandemic Plan has been activated with 9 identified workstreams. Daily sit-reps are undertaken for Board members. A governance process around the management of the pandemic is also in place with action logs being completed in accordance with national and local directives. The Trust is participating fully in all relevant local and national reporting and escalation processes such as the Local Health Resilience partnership, teleconferences held by Government pandemic flu lead, regional meetings hosted by NHSE, gold/silver major incident command etc. A full communications plan is in place including daily staff briefings undertaken by Executives and a dedicated COVID-19 intranet site with the latest government and public health information included.	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Hardy, Leigh 26/03/20 11:04:05] Divisional risks relating to COVID-19 are currently being articulated and assessed. To be added to the Risk Register once complete. [Tear, Jamie Mr 18/03/20 11:09:53] This risk has been re-articulated and re-assessed by the Emergency Planning Officer on 5th March, given the current likelihood of the UK moving towards a COVID-19 pandemic. The Trust has a a robust Emergency Plan in place and is participating in all local and national planning activity inclding a local exercise to test the pandemic plan during March. This risk will be reviewed on a fortnighlty basis given the changing national position. [Hardy, Leigh 18/03/20 13:39:53] This risk was initially identified and articulated on 5th March following discussion at the A&REG on 11th February. Initially this risk was articulated using an existing flu pandemic risk (ID 1787) already on Datix. Following discussion at A&REG on 17th March, and also following a COVID-19 pandemic being declared, it was felt appropriate to open a new risk relating to COVID-19 in addition to the old flu pandemic risk. Given the dynamic situation relating to COVID-19 further executive review of this risk is to be undertaken on 18th March.	Catastrophic (5)	Rare (1)	5	Low	03/04/2020

									Relevant equipment and PPE are in place in at the trust with 'fit' testing and training undertaken. Stocks of available equipment and consumables are in place and also checked. The Trust has taken action to identify and increase capacity in line with national directives. This includes reducing elective					[Hardy, Leigh 18/03/20 17:01:59] Following review at Risk & Assurance Executive Group on 17th March, the Risk was reviewed and re-assessed by Chief Nurse and Emergency Planning Officer on 18th March. Despite a full range of measures being undertaken to manage this risk in accordance with national and local directives, it is still judged likely that a catastrophic outcome will occur. Risk therefore re-graded at 20.					
2483	24/07/2018	Process / Corporate Risk	Medical Director	16	High	There is a risk of reputational damage to the trust if regulatory notices from the CQC (Section 31 and Section 29A notices) are not removed or acted on effectively. This could effect the trust's ability to deliver quality care and could also effect the trust's position in the STP.	CQC Section 31 and Section 29A notices received covering various aspects of care.	Adverse publicity and poor institutional reputation may affect the trust's ability to provide high quality care. This may mean that the trust remains in Special Measures and therefore endanger the future sustainability of the trust.	Divisional structure revised to provide additional leadership and support to areas with section notices in place September 2019. October 2019: Integrated quality improvement plan (IQIP) now in place, regular performance review meetings taking place Corporate action plan to address concerns raised under section 29A and section 31 by CQC regulatory framework. Regular monitoring and updating of the section notices within the IQIP via the Conditions and notices oversight group which reports to Senior Leadership Team. The governance arrangements that support the monitoring and delivery of the section notices includes Quality and Performance committee, Trust board with external reporting to Oversight and Assurance Group.	Major (4)	Likely (4)	16	High	[Hardy, Leigh 26/03/20 10:45:00] Risk reviewed at Assurance & Risk Executive Group on 17th March. No significant change to current position, risk remains. [Hardy, Leigh 05/03/20 16:15:25] Risk was reviewed with the Medical Director on 5/3/20. As at end of Janaury 22 of the 46 conditions have been signed off internally. The risk will remain at current grade of 16 until further progress is made. [Hardy, Leigh 05/03/20 18:32:24] Position at end of February, 24 of the 46 conditions have now been signed off internally	Major (4)	Rare (1)	4	Low	21/04/2020
							Inconsistent compliance with standards and policy	Higher rates of avoidable deaths Patient harm Increasing incidence of Infection	accountability •Interim director of Patient Safety appointed and Deputy Medical Director commenced in post •IP&C Interim appointment; improvements against action plan Recent NHSI/E / CCG visit					[Hardy, Leigh 26/03/20 10:48:29] Risk reviewed at Assurance & Risk Executive Group on 17th March. No significant change however this risk may need re-assessment in alignment with emergent risks relating to COVID-19 pandemic.					

2592	16/05/2019	Patient Risk (Quality)	Medical Director	20	Extreme / Very High	There is a risk that patients may receive sub-optimal care / treatment, with failures in: - Outcomes - Safety - Experience	Inappropriate skills mix / capacity Ineffective training Ineffective leadership Poor communication with patients and carers Failures in documentation and record keeping Lack of patient involvement / choice Sub-optimal pathways and poor flow through the organisation Failure to identify and manage risk effectively Very high demand for services Lack of community capacity / social care Failure to assimilate learning	outbreaks Poor patient outcomes Poor patient satisfaction Increased number of SIs / Never Events Poor regulatory / accreditation inspection outcomes & regulatory intervention Adverse media coverage / reputational damage Poor patient flow DTOCs and people being cared for in an inappropriate environment Delayed treatment Highly pressured working environment for staff Contract breaches	determined significant improvements now rated as amber •Mortality Lead appointed and Medical Examiner •End of Life Care Improvement Plan in place with clinical lead •Regular Performance reviews •New management template in place for managing serious incidents, including milestone reporting and twice weekly serious incident panels. •Integrated Quality Improvement Plan refreshed and in place supported by Quality Improvement team •IPR - performance variable. Positive on Stroke and Diagnostics. Reducing DTOCs. Divisional Director for surgery in place Emergency planning in place to mitigate risks associated with COVID-19	Major (4)	Likely (4)	16	High	[Hardy, Leigh 05/03/20 16:26:03] Reviewed with the Medical Director on 5/3/20. Risk to remain graded at 16 as majority of current significant risks linked to Quality. New risk identified associated with COVID-19. New Recognise & Respond Committee chaired by Deputy Chief Nurse and Associate Medical Director to be established to lead workstreams and improvement acitivity associated with care of the deteriorating patient and end of life care.	Major (4)	Rare (1)	4	Low	21/04/2020
2634	27/08/2019	Patient Risk (Quality)	Chief Operating Officer	15	High	There is a significant risk that patients will not receive timely cancer treatment in line with the 62 day referral to cancer waiting time standards. This is a particular issue in Urology.	Cancer PTL numbers are above target Capacity does not meet demand Histology/Pathology results are delayed Patients are not informed of negative results in a timely manner Lack of capacity in both clinics	Delays may cause avoidable death or serious harm, shortened life expectancy or prolonged pain Adverse media coverage or public concern about the organisation. Inability to meet the current Cancer Trajectory/PTL Targets.	New Harm Review policy implemented (breach analysis completed for patients who have breached the 62 day referral to treatment standard and harm review completed for patients exceeding 104 days). Weekly PTL and escalation meeting to DLT Recovery trajectory in place for each cancer site. June – Flexing of some work to laboratory staff where possible June- recruitment to temporary post to cover system asset administrator to start September 2019	Major (4)	Likely (4)	16	High	[Hardy, Leigh 26/03/20 10:50:35] This risk was reviewed at the Assurance & Risk Executive Group on 17th March, the group requested that this risk be further reviewed following the transfer of some cancer services (e.g. Urology) to N&N activity which may affect the grading of this risk [Tear, Jamie Mr 04/03/20 12:28:24] Executive review undertaken with COO on 04/03/20. Risk to remain graded at 16. [Hardy, Leigh 26/03/20 10:53:55] This risk was reviewed at the Assurance & Risk Executive Group on 17th March. The Group were informed that a plan is in place to rollout transfusion training with a trajectory for completion. Risk can be re-assessed following completion of training. [Tear, Jamie Mr 04/03/20 12:22:19] Further discussion has taken place between the CNO and the divisional team following this risk being discussed at the last Assurance and Risk Executive group. The risk will remain graded at 16 as the service remains vulnerable. The CNO has requested further information regarding the training plan against trajectory and additional resources available to undertake training in the department.	Minor (2)	Possible (3)	6	Low	21/04/2020

2640	01/08/2019	People Risks	Chief Nursing	16	High	There is a risk that the trust's ability to provide required capacity for transfusion services due to the lack of transfusion team staff.	Long term absence of transfusion team staff members, System asset administrator, Transfusion practitioner, Transfusion administrator.	Who might be harmed and how;Laboratory services Transfusion Services Bloodtrack QEHKL reputational damage and non conformity to EPA QEHKL SLA	2019 July 2019 – Secretariat requested to support administration role of HTT/HTC August 2019 – Assistant director of nursing informed August 2019 – Haematology consultants covering Transfusion practitioner role where possible August 2019 – Flexible working request submitted to HR for transfusion administrator post December 2019 Transfusion assistant returned work, Transfusion practioner still on sick leave. Backfill for systems asset adminster has been backfilled due to secondment. two of the three posts are not staffed and this has a positive impact on service delivery	Major (4)	Likely (4)	16	High	[Rankin, Corrinne 04/03/20 12:43:42] A task and finish group has been established to improve training and compliance with blood transfusion and polices. The group has met weekly since 30th January 2020 with the exception of the week commencing 17th February due to annual leave commitments. 30th January 2020- The group: •Reviewed current methods of training •Agreed that revised training should focus on the safe processes of blood component collection, venous sampling with PDA (blood track hand held device), in conjunction with the clinical elements of blood administration ensuring to relate all elements of the revised training to clinical practice •Agreed to seek external review of revised training. •Agreed to review current blood transfusion policy 4th February 2020- The group: •Reviewed and amended the blood transfusion training policy and the practical assessment documentation contained within it. •Developed a trainers guidance document detailing the revised training content to be delivered. •Agreed to add the trainers guidance document to local policy.	Major (4)	Rare (1)	4	Low	21/04/2020
2643	16/09/2019	Patient Risk (Quality)	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 has been without a substantive Manager for 2.5 years.	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 956) and 2ww cancer pathways (Risk 2634). Access to ultrasound services for maternity patients requiring GROW	Interim Manager has recently been appointed. 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.	Major (4)	Likely (4)	16	High	[Hardy, Leigh 26/03/20 10:56:46] This risk was reviewed by the Assurance & Risk Executive Group on 17th March. The Group were informed that a new Radiology Manager is in post from 16th March and other services in the DLT are providing addiitonal support to the service. However, longterm solutions still not in place so risk remains. [Hardy, Leigh 05/03/20 16:31:52] Risk reviewed by Medical Director on 5/3/20. Risk ro remain rated at 16 until progress made on impementing actions from Radiology Quality summit and significant progress made on reducing vacancy rates.	Moderate (3)	Rare (1)	3	Low	21/04/2020
									•Revised STP wide IPOC has been ratified at Medical records management committee on 24/02/2020. •Old IPOC now removed from all clinical areas and new IPOCS rolled during February. •Daily audit of the completion of existing IPOC					[Hardy, Leigh 26/03/20 10:59:52] Reviewed at Assurance & Risk Executive Group 17th March. No significant change. [Hardy, Leigh 19/03/20 16:16:51] Reviewed with Associate Chief Nurse on 18th March. Trajectory for IPOC use still at 30% risk remains.					

2679	15/11/2019	Patient Risk (Quality)	Chief Nursing	12	Moderate	There is a risk that patients reaching the end of their life do not have an individualised plan of care (IPOC). This is a 'must do' recommendation from the CQC	Low numbers of patients with IPOC in place at end of life. Processes not consistently applied across trust for patients at end of life. IPOC process requiring review.	Poorly managed care and experience of patients at end of life. Patients suffering potential delays in symptom management on palliative pathways.	•Daily audit of the completion of existing IPOC in place •Training on the IPOC in place during Trust induction •Board round support by existing palliative care consultants •Matrons rounds and oversight and support for ward areas •Regular Trust wide support for ward staff by the EOL Facilitator •Revalidation of NACEL data submitted to national team. •EoL Steering Group in place •Revised end of life care strategy ratified at end of life steering group on 24/01/20. •Mini quality improvement project relating to End of Life care now undertaken with final event held on 21/01/20.	Major (4)	Likely (4)	16	High	[Tear, Jamie Mr 04/03/20 12:35:24] Reviewed with Associate Chief Nurse on 04/03/20. Many of the actions detailed in January progress note have now been completed. However the set target of 75% for IPOC use is not yet being achieved with current compliance at 30%. The risk will therefore remain graded at 16 until this performance improves.	Moderate (3)	Possible (3)	9	Moderate	21/04/2020
2199	10/12/2015	Patient Risk (Quality)	Chief Operating Officer	16	High	There is a risk that patient care and treatment could be delayed in the accident and emergency department due to a number of factors linked to capacity and demand. There is also an impact on patient experience in the department and the trusts ability to achieve it's 4 hour waiting time target.	Delay in transfers of care. Limited number of discharges. GP refers to specialty. High demand on Accident and Emergency Services. Sub-optimal Patient Flow across the trust. Failure to discharge patients in a timely manner from the trust. Failure of admission avoidance schemes in the community.	Potential for adverse patient outcomes. Consistent breaches of the 4 hour standard target. Poor patient experience. Potential reputational damage. Financial penalties.	Robust escalation process. Bed management policy. Governance structure and processes in place to review and manage changes as they occur e.g. bed meetings, daily silver call. Clear triage pathway. Daily dtoc. Patient flow program. New AEC/SDEC expansion now in place and opened on 13/01/2020. This has increased capacity within the department. The expanded discharge lounge is also supporting earlier discharge in the day.	Moderate (3)	Almost Certain (5)	15	High	[Hardy, Leigh 25/03/20 14:00:21] Reviewed with Head of Nursing and team. Current position has improved, given lower attendance and arrangements being put into place to manage and mitigate anticipated increased demand associated with COVID-19. However, it is not clear how the situation will develop so risk will remain as significant. [Tear, Jamie Mr 04/03/20 12:26:03] Risk reviewed with COO on 04/03/20. SDEC and discharge lounge expansion have increased capacity and the January has improved to 76.78%, however risk to remain graded at 15 until further improvement is made and maintained.	Moderate (3)	Possible (3)	9	Moderate	30/04/2020
2343	02/05/2017	Financial & Estates Risks	Deputy Chief Executive	20	Extreme / Very High	Risk of disruption to the delivery of services, loss of confidential information,detrimental effect on the Trust's reputation, financial impact due to a cyber crime attack.	A malicious cyber-security related attack on the Trust's IT systems and information from an external or internal source.	Disruption to the delivery of services, loss or corruption of information, detrimental effect on the Trust's reputation, negative financial impact.	IT security policies/processes. Network perimeter firewalls and systems. IT security products i.e. Sophos anti virus/spam email, Websense web filltering. Staff awareness/communications. Software patch control. Strong access control i.e. user accounts/passwords. Business continuity plans. System back ups. IG Tool Kit. Digital strategy in place Annual cyber plan in place. Additional short term support is now in place to facilitate delivery of the strategy and plan.	Catastrophic (5)	Possible (3)	15	High	[Hardy, Leigh 26/03/20 11:05:48] Risk was reviewed at the Assurance & Risk Executive Group on 18th March, no significant change. [Hardy, Leigh 05/03/20 13:42:31] This risk was reviewed by the Deputy CEO on 5/3/20. Further progress has been made to mitigate this risk as follows: A business case has been approved to develop a Cyber Security Assurance Dashboard and national funding has now been allocated to progress this. Addiitonal resource has been alllocated for a 6 month period to progress the 6 recommendations made following an audit of cyber security which was presented ot the Trust Board in Decemebr 19. A cyber security Board development session is scheudled for April 2020. The risk will remain graded at 15 until further progress has been made to develop the Assurance Dashboard and implement the recommendations of the audit as above. [Tear, Jamie Mr 12/02/20 15:36:22] The risk was reviewed at the Assurance and Risk Executive Group at its meeting on 11.02.20. The group agreed that the risk rating will remain at 15.	Major (4)	Unlikely (2)	8	Moderate	21/04/2020