ID	Opened	Strategy objectives	Responsible Lead / Handler	Manager (Executive lead)	Exec / Director	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)	Clingo, Iain	Johnston-Wood, Mark	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	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. Initial Radar Survey to 3 pre-selected Roof Zones to help identify plank locations along with an initial assessment of reinforcement Further internal and external intrusive investigations are now required within the 3 designated Zones whereby sample cores and assessments can be made and conclude the structural investigation report. MLM have provided an updated safe loading capacity for Fire Brigade Access	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Kahn, Mustafa 11/08/20 11:21:52] Risk reviewed by Deputy Director of Finance on 3 August 2020. Inspection report was received on 3 July 2020 and there were 7 recommendations. Actions are being implemented and led by the Interim Associate Director of Estates. An update will be provided to Board in September 2020. Risk to remain as graded. [Kahn, Mustafa 11/08/20 11:21:52] Risk reviewed by Deputy Director of Finance on 3 August 2020. Inspection report was received on 3 July 2020 and there were 7 recommendations. Actions are being implemented and led by the Interim Associate Director of Estates. An update will be provided to Board in September 2020. Risk to remain as graded.	Major (4)	Rare (1)	4	Low	18/09/2020
2483	24/07/2018	Process / Corporate Risk	Notley, Louise	FS2	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 (CONG) which reports to the Evidence & Assurance Group (EAG). Strengthened governance arrangements in place with Board oversight of progress and evidence via EAG and CNOG.	Major (4)	Likely (4)	16	High	[Kahn, Mustafa 11/08/20 11:17:05] Risk reviewed by Deputy Medical Director on 4 August 2020. No further updates - risk to remain as graded. [Notley, Louise 29/07/20 04:52:18] Risk reviewed by Associate Director of Quality Improvement, 38 of the 43 conditions have now been completed and signed off by the Evidence Assurance Group in line with planned trajectory. Awaiting outcome of the CQCs final review of evidence of the 5 S31 Conditions for Maternity following the Trust's application to have these conditions lifted. Whilst progress against conditions continues, no significant change to risk rating which remains at 16. On-site CQC inspection delayed due to COVID-19 when current risk can be reviewed based on the outcome of the CQC findings.	Major (4)	Rare (1)	4	Low	28/08/2020

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	Inconsistent compliance with standards and policy 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	Higher rates of avoidable deaths Patient harm Increasing incidence of Infection 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	•New divisional structure with greater 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 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	[Kahn, Mustafa 12/08/20 11:51:46] Risk reviewed by Deputy Medical Director on 5 August 2020. There is a new structure in place as well as new sub division and leadership. Risk to remain as graded. [Kahn, Mustafa 23/07/20 11:32:21] Reviewed at A&REG on 21 July 2020. MD to review target risk. [Kahn, Mustafa 16/07/20 12:29:55] Risk reviewed with Executive Lead on 9 July 2020. Risk to remain as graded. The position is improving with NICE guidance and out of date policies. There is extended support for deteriorating patients and End of Life care from July 2020. There were negative results from inpatient survey dated July 19.	Major (4)	Rare (1)	4	Low	18/08/2020
2634	27/08/2019	Patient Risk (Quality)	Patel, Bharat	Warren, Mr Hugh	Chief Operating Officer	15	High	There is a risk that patients will not receive timely cancer treatment in line with the 62 day referral to cancer waiting time standards.	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 and Theatre. Heavy reliance on Tertiary Centres	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. The Trust is engaged with a cancer intensive support team from NHSI/E reviewing governance and pathway analysis making sure there are timed pathways in line with National standards. The 62 day cancer PTL backlog is being monitored and has dropped from 110 in 1 June 2020 to 52 on 22 July 2020 - of these 36 are colorectal patients. Extra monies have been received from the STP to clear the backlog by the end of August 2020 - extra weekend listings have been set up.	Major (4)	Likely (4)	16	High	[Kahn, Mustafa 12/08/20 12:01:41] Reviewed by COO on 5 August 2020 - risk to remain as graded. [Kahn, Mustafa 12/08/20 11:23:52] 30 July 2020 - Elective activity has restarted and currently operating at 50% of pre COVID activity level, plans are in place to restart Day Surgery Unit which will increase elective activity. Intensive Support Team (IST) have re-commenced work in colorectal, gynaecology and endoscopy, teams have mapped out clinical pathway milestone and will be starting to populate IST model from 3rd August 2020.	Minor (2)	Possible (3)	6	Low	31/08/2020

2640	01/08/2019	People Risks	Cooke, Dr Lisa	Berns, Mrs Nicola	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	The risk regarding staffing of transfusion services is improved. The transfusion specialist nurse is back off sick leave and support is provided to her The training for all relevant staff is in place and dates are in the diary. This has continued through the covid pandemic to support delivery of blood products. The team are working with HR informatic to provide an actual completion of training against the trajectory provided. 170 additional staff have been trained. To mitigate face to face training the team are working with communication to provide a video training update	Major (4)	Likely (4)	16	High	[Kahn, Mustafa 12/08/20 11:11:45] Reviewed by Director of Nursing on 5 August 2020 - risk to remain as graded. [Kahn, Mustafa 04/08/20 15:48:36] Reviewed by Head of AHP - no further update.	Major (4)	Rare (1)	4	Low	01/10/2020
2643	16/09/2019	Patient Risk (Quality)	Abbott, Mrs Adele	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 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 scans (Risk 1750). Risk to patient safety if inadequate cover during out of hours services.	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	[Kahn, Mustafa 12/08/20 11:55:12] Reviewed by Deputy Medical Director on 5 August 2020 - risk to remain as graded. [Kahn, Mustafa 04/08/20 15:19:41] Reviewed by Radiology Manager - 1. Radiology Manager is in post. 2. Band 5/6 vacancies out currently on NHS Jobs 3. The Consultant posts still have not been advertised 4. Radiology Manager is currently writing a business case for an Ultrasound re-shuffle to include chaperones, two band 8As and a Band 8C 5. Radiology Manager is currently writing a business case to expand the CT/MRI establishment for safe working levels	Moderate (3)	Rare (1)	3	Low	01/10/2020

2679	15/11/2019	Patient Risk (Quality)	Schaefer, Heike	Meddings, Mrs Julie	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.	•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 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 (now Recognise & Respond Forum) •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. .ReSPECT rollout undertaken March 2020.	Major (4)	Likely (4)	16	High	[Kahn, Mustafa 12/08/20 12:09:06] Reviewed by Chief Nurse on 5 August 2020 - risk to remain as graded. [Kahn, Mustafa 12/08/20 11:21:54] 28 July 2020 - The numbers of IPOCs have dropped but relative to the drop in numbers of deaths in June Focuses work continues with training and early identification of patients in last days/ weeks/ months	Moderate (3)	Possible (3)	9	Moderate	18/08/2020
2757	10/06/2020	Process / Corporate Risk	Jones, Ms Sarah	Jones, Ms Sarah	Chief Operating Officer	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	• Capital Allocation has been made at an STP 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 is being 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. • STP Digital Strategy, and Annual digital plan in place – NED engagement in STP workstream. • In partnership with STP 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 • Resources identified to deliver digital strategy and cyber plan	Major (4)	Likely (4)	16	High	[Kahn, Mustafa 11/08/20 11:11:40] Reviewed by COO on 5 August 2020. No further updates - risk to remain as graded. [Kahn, Mustafa 23/07/20 13:17:40] Reviewed at A&REG on 21 July 2020	Major (4)	Unlikely (2)	8	Moderate	18/08/2020

2199	10/12/2015	Patient Risk (Quality)	Harvey, Sarah	Gent, Peter	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 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. 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 and they now take patients on stretchers since 13 January 2020. Ambulance handover capacity has also been increased as a different area is now in use. Second ED now in place (COVID). AEC/SDEC back at fully capacity. A data validation SOP for 4 hour reporting has been introduced.	Moderate (3)	Almost Certain (5)	15	High	[Kahn, Mustafa 12/08/20 11:29:54] Reviewed by COO on 5 August 2020 - risk to remain as graded. [McGuire, Karen Mrs 29/07/20 06:39:47] Reviewed by the HON - The risk rating remains the same performance remains inconsistent with activity increased to pre-covid numbers and FCP in past week. Actions in place to support flow including a bed modelling review, introduction of senior nursing support to the discharge team (out to advert) and ward level discharge initiatives. [Kahn, Mustafa 23/07/20 10:45:47] Reviewed at A&REG on 21 July 2020.	Moderate (3)	Possible (3)	9	Moderate	18/08/2020
2343	02/05/2017	Financial & Estates Risks	Wilson, Mariza	Wilson, Mariza	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	[Kahn, Mustafa 11/08/20 11:08:37] Reviewed by Deputy CEO on 5 August 2020. No further updates and risk to remain as graded. [Kahn, Mustafa 22/07/20 13:07:47] Risk reviewed at A&REG on 21 July 2020 [Kahn, Mustafa 22/07/20 13:14:28] Reviewed by the Director of Strategy on 22 July 2020. The Cyber Manager post has been approved and will be going out to advert in August 2020. The Trust continues to work with Sapphire who are supporting to develop a detailed action plan to manage the cyber risk.	Major (4)	Unlikely (2)	8	Moderate	18/08/2020

2699	05/03/2020	Patient Risk (Quality)	Coe, Mr David	Jones, Ms Sarah	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. A specific COVID-19 plan is now being developed with 2 workstreams. Governance arrangements have been strenthened with the COO as the Accountable Emergency Planning Officer. An Incident Control Team (ICT), comprising Execs and Divisional Directors(gold command) meets daily with a control room base in the Chairman's office. (As of 11th May ICT meets Mons, Weds and Fridays) The Trust remains on Level 4 National Incident so ICT will remain in place. 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 communications, dedicated telephone lines and a COVID-19 intranet site with the latest government and public health information included. Specific and targeted communications are in place with BAME staff to help address specific risks and concerns associated with these staff groups. A staff survey is also being undertaken. Relevant equipment and PPE are in place at the trust with 'fit' testing and training undertaken. A robust stock control process is in place with daily audits of PPE undertaken with local stock levels assessed with each division. An escalation process to the ICT is in place and PPE levels or concerns are included in daily sitreps and reported nationally every 24 hours. Current position regarding PPE is included in staff comms messages to respond to staff concerns. The Trust has taken action to identify and increase capacity in line with national directives. This includes reducing elective activity, undertaking Outpatient appointments and follow up consultations via phone or video conferencing. ITU and ventilator capacity has also been increased. Staffing arrangments and rotas have also been changed and developed to response to the pandemic. So far these measures are working well to increase available staff and capacity for COVID patients. Visiting restrictions are also in place at the hospital in order to minimise infection. As of 12/5/20 the Trust has started to move into the recovery phase, which involves incrementally resuming routine care. As of 11th May it was agreed that routine referrals into outpatients will resume and plans to safely restart non-urgent elective care will be developed. From this week, ICT meetings will now take place Monday, Wednesday and Friday. Comms updates will be issued after each meeting, rather than on a daily basis.	Catastrophic (5)	Possible (3)	15	High	[Kahn, Mustafa 12/08/20 11:28:35] Reviewed by Chief Nurse on 5 August 2020 - risk to remain as graded. [Kahn, Mustafa 11/08/20 15:17:34] Figures provided by Senior Assistant HR Business Partner on 6 August 2020. 1. Number of staff risk-assessed and percentage of whole workforce - 1399 completed or 39% of total headcount of workforce 2. Number of black, Asian and minority ethnic (BAME) staff risk assessments completed, and percentage of total risk assessments completed and of whole workforce - 614 completed or 43% or risk assessments completed or 17% of total headcount of workforce 3. Percentage of staff risk-assessed by staff group – Not currently recorded 4. Additional mitigation over and above the individual risk assessments in settings where infection rates are highest – Not aware of any [Coe, David Mr 03/08/20 16:39:42] The pandemic Flu plan is out for consultation. Phase 3 of the NHS response is effective from 01 August the focus is: A. Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally. C. Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.. ICT are now meeting once a week with Comms updates being issued after the meeting	Catastrophic (5)	Rare (1)	5	Low	18/08/2020

2703	24/03/2020		McGuire, Mrs Karen	McGuire, Mrs Karen	Chief Operating Officer	20	Extreme / Very High	There is 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 division's ability to treat patients safely and effectively being compromised.	Self isolation requirements. Staff directly affected with sickness.	This could result in the division being unable to safely and effectively manage or isolate infectious patients and deliver it's normal services or standards of care. Risk of ability to call patients due to sickness and isolation. This may also have an impact on skill mix on the wards.	Divisional management of staffing with collation of central professional register. Appropriate training underway. Redeployment register now being used. 'At risk' assessment of all staff in division now undertaken Review of senior medical cover undertaken for the whole division and ED workforce supported by others across the division. Review of nurse staffing undertaken across the division and staff released from other services to support ED nursing staff. Access to testing to allow 'self isolating' staff to return to work. Non-clinical staff (or those working at home) undertaking relevant tasks for clinical staff to release more clinical time.	Catastrophic (5)	Possible (3)	15	High	[Kahn, Mustafa 12/08/20 11:26:16] Reviewed by COO on 5 August 2020 - risk to remain as graded. [McGuire, Karen Mrs 29/07/20 06:42:13] Reviewed by HON - This risk rating remains currently due to the ongoing risk assessments underway for shielded staff and the additional Government restrictions in place around foreign travel having an unplanned impact on some staffing numbers/skill mix. [Kahn, Mustafa 27/07/20 10:34:28] Reviewed on 22 July 2020 by Divisional Chief Nurse and Operations Manager - risk should remain as graded.	Catastrophic (5)	Rare (1)	5	Low	18/08/2020
2762	12/06/2020	Patient Risk (Quality)	Strong, Miss Karon	McGuire, Mrs Karen	Chief Nursing	15	High	There is a risk that a patient may come to significant harm while receiving NIV in a Side Room. The risk is that the patient could remove the mask for NIV whilst the nurse is out of the side room.	The current guidelines during COVID-19 pandemic recommend patients are cared for in a side room whilst receiving NIV due to risks associated with aerosol generating procedures. There is also a risk to staff members if they stayed with the patient continuously whilst receiving the treatment due to the increased risk of transmission during aerosol generating procedures.	The risk could lead to or impact on the patient with them becoming more unwell and significantly deteriorating if the mask is removed when the staff are not in the room and the staff being delayed to get to the patient as level 3 PPE is required for all aerosol generating procedures.	All patients are assessed on admission and during their stay for enhanced care needs. If there is more than one patient receiving NIV and are positive for COVID-19 then they are cohorted in a bay with closed doors. Mitigation in place that each patient has a formal risk assessment updated depending on their scoring. Provision of RNs and HCAs with the patient- enhanced care / specialty.	Catastrophic (5)	Possible (3)	15	High	[Kahn, Mustafa 12/08/20 11:20:37] Reviewed by Chief Nurse on 5 August 2020 - risk to remain as graded. [Kahn, Mustafa 22/07/20 13:53:29] Approved as a significant risk by Chief Nurse on 22 July 2020. Further details requested from Karon Strong in relation to how the existing controls are documented and how they can be evidenced. The Gaps in assurance also require updating.	Catastrophic (5)	Rare (1)	5	Low	31/08/2020