Agenda Item: 17

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	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	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 Castons surveyors are on site as part of roof project undertaking initla pre-survey inspections.	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Kahn, Mustafa 21/01/21 16:00:10] Risk reviewed in detail at AREG in January 2021 with the risk to remain as graded. [Kahn, Mustafa 11/01/21 13:39:29] Risk reviewed and approved by Executive Lead in January 2021. [Carlton, Emma Mrs 29/12/20 12:08:29] Risk reviewed 29.12.20 with AD for E&F. The failsafes for the Gym, the Ramp and the proppped areas have been designed and quotes are awaiting for fabrication. A business case has been compiled to create additional clinical space - this will increase capcity to enable the failsafe structure to be erected across the first floor of the site. A further update is planned for mid-January to re-assess whether we are taking all of the safety measures we should be taking. We continue to liaise with the other Best Buy hospitals, reviewing and sharing best practice across all sites. [Carlton, Emma Mrs 11/12/20 15:18:38] Update: On 10.12.20 the contract surveyors Castons identified deflections and hollow planks on the entrance to Elm and Denver Wards. Structural Surveyors MLM advised that the planks with deflections exceeding 30mm require temporary propping and emergency repair work. The planks are in a similar location as the previous planks discovered on Feltwell and Gayton Wards and the same propping arrangement has bene adopted. This work was carried out as emergency work between 2-4pm on 10 December 2020, during which time we closed access to the ward. The Trust declared an internal incident at 1pm on 10 December due to these emergency roof repairs and the significant bed pressures being faced, compounded by bed closures related to COVID-19.	Major (4)	Rare (1)	4	Low	31/01/2021
								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 there is a risk that Trust cannot deliver its normal elective service.	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. Governance arrangements have been strenthened with the COO as the Accountable Emergency Planning Officer. An Incident Control Team (ICT), comprising senior management and Divisional Directors(gold command). The Trust NHS EPRR incident levels has returned to Level 4 (national) on 5 November 2020. 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 regular 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. Relevant equipment and PPE are in place at the trust with 'fit' testing and					[Kahn, Mustafa 21/01/21 16:07:27] Risk reviewed in detail at AREG in January 2021. The group agreed to increase the risk rating from 16 to 20 upon request of the operational and Executive Lead.					

2699	05/03/2020	Patient Risk (Quality)	Coe, Mr David	Jones, Ms Sarah	Chief Operating Officer	20	Extreme / Very High				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. as from 1 August the Trust complied with National guidelines to move into the third phase known as the recovery phase of the incident.The third phase of the NHS response to COVID-19 focuses on accelerating the return to near-normal levels of non-COVID health services. ICT meets once a week along with the two operational groups CP&SC and Workforce. all new national guidance is logged and action at ICT along with any local guidance from the operational groups. an operational group is meeting to ensure the Trust complies with phase 3 requirements of 80% of their last year's activity for both overnight electives and for outpatient/daycase procedures, rising to 90% in October and 100% of last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year Due to the increase in Covid patients the Incident Command team meets three times a week on Mon, Wed and Friday and the workforce, Patient experience and Clinical Preparedness teams meet twice a week on tuesday and thursday's. All actions are logged and signed off once action has been completed. On 5 November the Trust moved back to a Level 4 incident and the Incident command team moved back to meeting daily. The Incident command room stood back up to 7 days a week from 08.00-20.00 to monitor all National guidance. The Trust is also required to complete situation reporting over the 7 days which is carried out by the information team and signed off by the Executive.	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Kahn, Mustafa 11/01/21 13:48:58] Risk reviewed and approved by Executive Lead to be graded higher in January 2021. [Kahn, Mustafa 07/01/21 15:54:26] The trust declared an internal incident on 30 December 2020. Appropriate actions are in place. Command and control structure in place until end of January when it will be reviewed. [Kahn, Mustafa 09/12/20 11:40:57] Risk reviewed and approved by Executive Lead in December 2020. [Coe, David Mr 01/12/20 14:18:29] from the 5 November the Trust moved back to a level 4 incident and the incident command team moved to daily meetings with the incident command room opening from 08.00-20.00 7 days a week.	Catastrophic (5)	Rare (1)	5	Low	31/01/2021
2244	04/03/2016	Patient Risk (Quality)	McGuire, Mrs Karen	McGuire, Mrs Karen	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.	National shortfall in mental health beds provision and an increase in demand Reduction in local resource with high demand Potential long waits to access community services so patients present at A&E Assessment inpatient beds for severe dementia only available in Norwich Insufficient provision of beds for young people in crisis and mother & baby beds. 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 risk of 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	Statutory process for detaining a patient provides a framework for compliance. Inpatient liaison service plus NSFT aim to work in an integrated fashion. ED staff escalate delays early in the patients journey to mitigate against the risk of 12 hour breaches. Escalation to CCG on a regular basis. Estates work undertaken in ED to reduce risk of self harm to patients presenting in mental health crisis (e.g. removal of potential ligature points) to reduce risk of patient harm. Mental health training provided to all ED staff and mental health risk assessments for paediatric and adult patients with mental health needs have been reviewed and updated to reduce risk of poor patient experience. Highly supportive visit 3/12/19 by East London Foundation trust (outstanding mental health provider) to review and advise on progress and any additional steps required.	Major (4)	Likely (4)	16	High	[Kahn, Mustafa 21/01/21 17:41:46] Risk reviewed in detail at AREG in January 2021 with the risk to remain as graded. [Kahn, Mustafa 11/01/21 14:12:50] Risk reviewed and approved by Executive Lead in January 2021. [McGuire, Karen Mrs 07/01/21 13:28:16] 7.1.21 - Reviewed at Divisional R&G. The risk remains with ongoing delays to transfer patients from the acute Trust ED to a MH in-patient bed [Kahn, Mustafa 09/12/20 12:14:49] Risk reviewed and approved by Executive Lead in December 2020.	Moderate (3)	Unlikely (2)	6	Low	31/01/2021

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 21/01/21 17:27:04] Risk reviewed in detail at AREG in January 2021 with the risk to remain as graded. Although notices have been removed and there were more due to be removed, it was decided by the Group that the risk would only be downgraded when notices are formally removed by the CQC. [Kahn, Mustafa 11/01/21 13:38:14] Risk reviewed and approved for downgrading by Executive Lead in January 2021 as 5 of the 10 s31 notices have been removed. [Notley, Louise 05/01/21 12:58:57] Risk reviewed by L Notley. CQC confirmed on 17/12/20 that they would be officially lifting 5 of the 10, Section 31 conditions for Maternity Services. In turn, following publication of the CQC inspection report, the Trust will be applying to the CQC to request the lifting of a further 12 Section 31 conditions spanning the services of Maternity, Urgent and Emergency Care and Diagnostic Imaging, leaving 5 remaining conditions. In view of this progress and recognition of improvement, this risk has been reviewed and downgraded to a 12. [Kahn, Mustafa 09/12/20 12:01:08] Risk reviewed and approved by Executive Lead in December 2020. [Rose, Mark Mr 09/12/19 22:33:43] Reviewed by Medical Director 06/12/2019. Risk continues to be monitored via established IQIP governance structure. 16 of 46 individual conditions have been recommended for internal closure November 2019, with initial focus on addressing those in safe and caring domains first. On trajectory for completion of other notices.	Major (4)	Rare (1)	4	Low	31/01/2021
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 •Mortality Lead, Medical Examiner and Medical Examiner Officer appointed. •End of Life Care Improvement Plan in place with clinical lead •Regular Performance reviews •Integrated Quality Improvement Plan refreshed and in place supported by Quality Improvement team •IPR - performance variable. Positive on Stroke and Diagnostics. Reducing DTOCs. Emergency planning in place to mitigate risks associated with COVID-19 46 of 46 CQC conditions, should dos and must dos 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. Ongoing Clinical Review programme. Additional resource in place to support End of Life patients and management of deteriorating patients. Positive feedback from unannounced CQC inspection. • Improving position on Clinical Guidelines (from 20% to 16.7% out of date) and NICE Guidelines (down from 23 to 11) New Deputy DIPC in post. IPAC rating improved to green. Positive assurance received from NHSI. Full assurance from NHSI Learning from Deaths Collaborative regarding weekend HSMR. Full assurance on Dr Foster analysis regarding overall HSMR.	Major (4)	Likely (4)	16	High	[Kahn, Mustafa 21/01/21 16:09:34] Risk reviewed in detail at AREG in January 2021 with the risk to remain as graded. [Kahn, Mustafa 11/01/21 13:54:31] Risk reviewed and approved by Executive Lead in January 2021. There are an increasing number of hospital acquired Covid infections due to multiple non clinical patient moves resulting in high bed occupancy leading to poor flow. CQC have removed 5 s31 notices in Maternity. [Kahn, Mustafa 09/12/20 11:42:27] Risk reviewed and approved by Executive Lead in December 2020. New Deputy DIPC in post. IPAC rating improved to green. Positive assurance received from NHSI. Full assurance from NHSI Learning from Deaths Collaborative regarding weekend HSMR. Full assurance on Dr Foster analysis regarding overall HSMR. Improving position on Clinical Guidelines (from 20% to 16.7% out of date) and NICE Guidelines (down from 23 to 11)	Major (4)	Rare (1)	4	Low	31/01/2021
2634	27/08/2019	Patient Risk (Quality)	Everitt, Mr Matthew	Jones, Ms Sarah	Chief Operating Officer	15	High	There is a risk that patients will not receive timely access to cancer treatment in line with the cancer waiting time standards.	Capacity not meeting demand particularly in the diagnostic phase. 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.	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 site. The Trust is engaged with the cancer intensive support team and has an agreed improvement plan in place. Extra monies have been received from the STP to clear the colonoscopy backlog by the end of August 2020 - extra weekend listings have been set up.	Major (4)	Likely (4)	16	High	[Kahn, Mustafa 11/01/21 14:07:58] Risk reviewed and approved by Executive Lead in January 2021. [Kahn, Mustafa 07/01/21 15:36:39] The issues are still of concern and the risk should remain as graded. Radiology and histology still have long delays that are impacting on the 62 pathways along with the current Covid-19 situation. Only patients with suspected cancer or clinically urgent cases are being treated. [Kahn, Mustafa 09/12/20 12:07:31] Risk reviewed and approved by Executive Lead in December 2020. [Malyon, Lisa 01/12/20 15:26:12] •CT/CTVCs/MRI delays up to 5 weeks; histology report waiting time up to 4 weeks - Escalated to Cancer Manager at weekly escalation meeting Endoscopy continue to work 6-7 days per week. Engagement in the implementation of capsule endoscopy that will provide alternative Endoscopy capacity with ongoing staff training and implementation on the first week of January 2020. Additional clinical activity via WLI. Urology – 1 to 2 additional cystoscopies per week.	Minor (2)	Possible (3)	6	Low	31/01/2021

2643	16/09/2019	Patient Risk (Quality)	Underwood, Victoria	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 21/01/21 16:33:30] Risk reviewed in detail at AREG in January 2021 with the risk to remain as graded. [Kahn, Mustafa 11/01/21 14:03:22] Risk reviewed and approved by Executive Lead in January 2021. [Kahn, Mustafa 05/01/21 14:51:22] Deputy Radiology Manager - the Risk remains very high – the service is still struggling; new rotas have not been reviewed or implemented; insourcing and outsourcing continue and now includes the addition of a CT Van. Establishment Review has not been completed or approved. [Kahn, Mustafa 09/12/20 12:00:02] Risk reviewed and approved by Executive Lead in December 2020. [Rose, Mark Mr 09/12/19 22:19:58] Reviewed by Medical Director 06/12/2019 Updates made to Risk. Current state within Radiology: Sonographers - Current Lead is "Acting" since previous Lead Sonographer retired in Jan 2019. 3 WTE vacancies with a further 1 WTE due to retire Dec 19 and Return Feb 19 as .4 WTE. 2 Sonographers (in established posts)are in training. CT/MRI Radiographers up to established strength Sept 19 - however 3 staff are still in training. 1 Agency Radiographer also in place undertaking additional evening lists 2 days per week. Plain film Radiographers - 5 WTE vacancies in current establishment. Posts to be advertised with a view to attracting Students who will qualify in June 2020. Radiographers all hold "Bank" contracts to facilitate OOH provision	Moderate (3)	Rare (1)	3	Low	31/01/2021
2679	15/11/2019	Patient Risk (Quality)	Raghuraman, Dr Govindan	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 21/01/21 16:47:16] Risk reviewed in detail at AREG in January 2021 with the risk to remain as graded. There is a monthly rolling audit programme in place to monitor IPOC usage and it is gradually improving. This is monitored by the Recognise and Respond forum. There is also a programme manager to support. [Kahn, Mustafa 11/01/21 14:10:20] Risk reviewed and approved by Executive Lead in January 2021. [Kahn, Mustafa 05/01/21 14:55:23] Chief Nurse - There is no change as we're not in position to provide formalteaching and support staff with this due to staff sickness and leadership in the EOL team. The recognise and respond group did not meeting during December 2020, due to increasing patient demand and staff sickness. The risk level is to remain as graded. [Kahn, Mustafa 09/12/20 12:10:17] Risk reviewed and approved by Executive Lead in December 2020. No changes to update.	Moderate (3)	Possible (3)	9	Moderate	31/01/2021
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	• The Trust has submitted a case as part of the Health Infrastructure Plan 2 • The BMI Sandringham site has been acquired by the Trust • 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 BMI Sandringham has been acquired and will increase capacity for elective services.	Major (4)	Likely (4)	16	High	[Kahn, Mustafa 21/01/21 16:01:47] Risk reviewed in detail at AREG in January 2021 with the risk to remain as graded. [Kahn, Mustafa 11/01/21 13:42:26] Risk reviewed and approved by Executive Lead in January 2021. [Kahn, Mustafa 07/01/21 15:50:05] The Medical Equipment Committee is in place to renew business cases for replacement equipment chaired by consultant anaesthetist. Divisional representatives are members of the group. [Kahn, Mustafa 09/12/20 11:38:11] Risk reviewed and approved by Executive Lead in December 2020. There are no changes to update this month.	Major (4)	Unlikely (2)	8	Moderate	31/01/2021

2759	11/06/2020	Process / Corporate Risk	Andrews, Robin	Andrews, Robin	Finance	12	Moderate	There is a risk that the Trust is unable to work effectively with patients and system partners to improve patient pathways. This could impact the Trust's ability to ensure clinical and financial sustainability.	Previous lack of partnership working. Historical challenges relating to trust size, location and role in local health economy. Trust in Special Measures which has affected reputation of trust.	Trust's ability to ensure clinical and financial sustainability. Trust's ability to achive strategic objective 4 (SO4).	•Actively engaged in the Hospital Services Strategy for Norfolk and Waveney working alongside NNUH and JPUH to deliver the key workstreams including specialty review and redesign and alignment of policies and procedures in light of COVID. This is in line with the principles of the Acute Services Integration programme whilst developing Phase 2 / 3 COVID response. •Monthly STP updates to Board. •Regular Board to Board meetings with CCG and acute partners. •Development and progression of Committees in Common. •SFIs and associated policies and procedures in place. •National guidance being followed in the absence of in-year control totals and national suspension of contracting and annual planning process. Monthly updates provided to Finance and Activity Committee on national guidance and the Trust's response. •Financial positon to M6 delivered in line with national guidelines. Trust has agreed out-turn position with NHS E/I, as part of the STP settlement for 20/21 •CIP plan delivering in year to support financial outturn •Positive cash flows based on national position to month 6 , and on agreed plan for months 7-12. •Capital expenditure plan agreed through STP and Trust in receipt of national funding. Significant capital programmes will be delivered in year	Major (4)	Likely (4)	16	High	[Kahn, Mustafa 21/01/21 17:20:45] Risk reviewed in detail at AREG in January 2021 with the risk to remain as graded. [Kahn, Mustafa 11/01/21 14:08:54] Risk reviewed and approved by Executive Lead in January 2021. [Kahn, Mustafa 07/01/21 15:32:29] Trust has agreed a deficit position of £1.9m with the STP and NHSE/I for 20/21. Financial positon to M8 delivered in line with agreed out-turn position with NHS E/I. CIP plan delivering in year to support financial outturn Positive cash flows based on agreed plan for 20/21. Capital expenditure plan agreed through STP and Trust in receipt of national funding. Significant capital programmes will be delivered in year. Awaiting detailed guidance on financial planning framework and settlement for 21/22. [Kahn, Mustafa 09/12/20 12:08:19] Risk reviewed and approved by Executive Lead in December 2020. [Kahn, Mustafa 01/12/20 15:15:28] The Interim Deputy Director of Finance has advised that there are no changes this month. [Kahn, Mustafa 09/12/20 12:08:19] Risk reviewed and approved by Executive Lead in December 2020.	Major (4)	Unlikely (2)	8	Moderate	31/01/2021
2199	10/12/2015	Patient Risk (Quality)	MacDuff, Miss Olivia	Haney, Sarah	Chief Operating Officer	16	High	There is a risk that patient care and treatment could be delayed in the 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 the 4 hour waiting time target.	Risk is caused by a multitude of factors, which include delay in transfers of care leading to limited numbers of discharges across the Trust. There are large numbers of GP referrals to specialties which currently are not able to be accomodated directly and are therefore re-directed to ED. This results in increased demand on Emergency Services and capacity issues making it increasingly hard to offload patients from ambulances in a timely manner due to a lack of cubicle space. Trust discharges are largely still occurring later in the day which impacts patient flow. There remains an element of failure in admission avoidance schemes in the community leading to an increase of patient requiring emergency services (for example end of life care plans.	Potential for adverse patient outcomes, including increased mortality rates. Poor patient experience. Potential reputational damage. Potential financial penalties.	Escalation process in place, however this is currently under review due to examples of breachces not being escalated with enough time to put remedial actions in place. Further staff training will occur to ensure processes are followed. Daily breach meeting set up with ED Leadership Team to review breaches from the previous day and ensure any learning taken away. 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. Monthly exception report produced for Divisional Board for oversight. Separate Red and Amber pathways in place to support flow for both patient cohorts. 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. The discharge lounge expansion opened 13/01/2020 and supports earlier discharge with the facility to take patients on beds.	Moderate (3)	Almost Certain (5)	15	High	[MacDuff, Olivia Miss 06/01/21 08:50:47] Risk reviewed by Emergency Department Leadership Team 05/01/2021, grading to remain the same. [Kahn, Mustafa 21/01/21 16:34:48] Risk reviewed in detail at AREG in January 2021 with the risk to remain as graded. ED is moving to red capacity due to the challenges around the number of 12 hour breaches and ambulance handovers in ED and the Covid issues. [Kahn, Mustafa 11/01/21 14:05:38] Risk reviewed and approved by Executive Lead in January 2021. [MacDuff, Olivia Miss 06/01/21 08:50:47] Risk reviewed by Emergency Department Leadership Team 05/01/2021, grading to remain the same. [Kahn, Mustafa 09/12/20 12:03:24] Risk reviewed and approved by Executive Lead in December 2020.	Moderate (3)	Possible (3)	9	Moderate	31/01/2021
2343	02/05/2017	Financial & Estates Risks	Hall, Nigel	Hall, Nigel	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 21/01/21 16:31:51] Risk reviewed in detail at AREG in January 2021 with the risk to remain as graded. [Kahn, Mustafa 11/01/21 13:58:36] Risk reviewed and approved by Executive Lead in January 2021. [Kahn, Mustafa 05/01/21 14:47:10] The new Cyber Security Manager, David Gray, formally commences with the Trust Monday 1st February. Work is on-going to respond and address elements of the most recent Cyber Security Internal Audit conducted by Grant Thornton. To this end, work is currently being undertaken to review and respond in a timely manner. To date, a number of the twenty 'High' recommendations have been either addressed or mitigated. A further review with both our Head of IG and our new Cyber Security Manager is due to take place on the 7 January. A formalised response for the IG Group and Assurance & Risk will be provided prior to w/e Friday 15th January with a listing of further actions and timescales. Our initial base line assessment of cyber knowledge has been conducted via a simple phishing exercise. With 533 staff opening the phishing email and 295 of those clicking on the contained link, Trust communication will be issued regarding the importance of cyber and email security along with a follow up exercise and redirection to training materials for those staff who continue to adhere to good cyber security practices. This training will be tracked to ensure completion with a subsequent regular series of tests to ensure compliance. [Kahn, Mustafa 09/12/20 11:52:31] Risk reviewed and approved by Executive Lead in December 2020. [Kahn, Mustafa 07/12/20 17:52:50]	Major (4)	Unlikely (2)	8	Moderate	31/01/2021

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 21/01/21 16:03:11] Risk reviewed in detail at AREG in January 2021 with the risk to remain as graded. There was discussion on whether there should be one combined risk for all staffing issues but it was decided that divisional staffing risks should be kept separate. [Kahn, Mustafa 11/01/21 13:44:26] Risk reviewed and approved by Executive Lead in January 2021. [McGuire, Karen Mrs 07/01/21 13:19:56] 7.1.21 - Reviewed at Divisional R&G. Additional capacity, increased demand/operational pressures with ongoing sickness, isolations and staff shielding is resulting in significant challenges despite mitigations. The likelihood has increased and requires executive review. [Kahn, Mustafa 09/12/20 11:39:26] Risk reviewed and approved by Executive Lead in December 2020. [Cole, Jane Mrs 09/12/20 15:40:26] 9.12.20 Reviewed at Divisional Governance no change	Catastrophic (5)	Rare (1)	5	Low	31/01/2021
2793	11/10/2020	Patient Risk (Quality)	McGuire, Mrs Karen	McGuire, Mrs Karen	Chief Nursing	16	High	Management of the needs of the increased numbers of enhanced care elderly patients admitted across acute access and medical wards a.Being unable, after allocation of health care assistant and registered nursing team to manage the enhanced care levels of monitoring required to keep patient groups as safe as possible, to then maintain appropriate cover across the rest of ward to consistently deliver to the remaining patients' needs b.Being unable to provide the required enhanced care support due to not all staff not being trained in this specialty and/or challenges in effective numbers of backfill nurses to the required numbers. c. Challenges with the acuity and numbers of enhanced care needs of the patients (in line with Trust policy) d. Difficulty in discharging some enhanced care patients due to the difficulty in accessing relevant beds/community care patients remain within the ward setting for long periods of time which is detrimental to their mental health status	1. Enhanced care patients require 1:1 care to maintain safety and ensure a high quality care experience from trained nursing staff. The increasing numbers of patients and the increased acuity of the patients needs has resulted in a challenge of large numbers of L3 or L4 care needs requirements on acute assessment/ward areas. 2. Often excessive numbers of enhanced care need patients to the resources available.	1. This can result in inconsistency in care delivery/patient experience to either the enhanced care patients and/or other patients fundamental care needs. 2. This could result in deterioration of the underlying enhanced care needs or physical health. 3. This could result in complaint. 4. This could result in accidental harm. 5. This could result in an overall increased LOS	1. Skill mix and establishment (actual vs planned) reviewed formally Twice daily but also at each handover and throughout the day/night, staffing is managed across the Division but also Cross Divisionally as required at the Twice daily staffing review. 2. Staffing review also includes acuity/dependency assessments. 3. Additional shifts are requested to bank/agency to support Enhanced care delivery. 4. Some ward areas have additional support in place eg PSW 5. Training has been completed for some staff on enhanced care support 6. Tiptree boxes available on some ward areas 7. Dementia friendly environments on some wards. Mental health operational meeting has commenced in November 2020 in partnership with NSFT with focus on staff education.	Moderate (3)	Almost Certain (5)	15	High	[Kahn, Mustafa 21/01/21 16:32:42] Risk reviewed in detail at AREG in January 2021 with the risk to remain as graded. [Kahn, Mustafa 11/01/21 14:01:40] Risk reviewed and approved by Executive Lead in January 2021. [McGuire, Karen Mrs 07/01/21 13:23:49] 7.1.21 - Reviewed at Divisional R&G no changes to scoring but staffing is significantly challenged despite mitigations in place due to the pandemic impact, operational pressures and staffing sickness, shielding and isolations. [Kahn, Mustafa 09/12/20 11:57:07] Risk reviewed and approved by Executive Lead in December 2020. Mental health operational meeting has commenced in November 2020 in partnership with NSFT with focus on staff education.	Minor (2)	Possible (3)	6	Low	31/01/2021
2708	24/03/2020	Patient Risk (Quality)	Barker, Ms Elizabeth	Warren, Mr Hugh	Chief Operating Officer	15	High	There is a risk that the Critical Care unit will not be able to facilitate the expected amount of COVID-19 patients needing ventilation in the Critical Care area. This will result in non-ITU trained staff being asked to manage these patients, and at a much higher staffing ratio than the national standard. The patients will need to be managed in different areas other then Critical Care which will have an impact of elective activity. There is also a risk that there will not be enough consumables to manage the patients safely and as a result, there is a risk that the staff will become infected themselves. There is a risk due to Critical Care Outreach staff working across both yellow and green areas. There is a risk that the wards and other surgical areas will need to be adapted to manage patients in inprecedednted ways and this will disrupt elective and emergency work.	This is due to expected numbers of positive patients far exceeding the current capacity.	This could result in; 1. Patient harm due to the unavailability of resources. *The lack of ventilators and capacity for admitting these patients will result in ethical decisions having to be made on a daily basis regarding decisions to admit. 2. Staff harm due to the unavailability of resources *The limitation of PPE and PPE officers could lead to staff becoming infected COVID-19 3. Financial harm as elective surgery will need to be suspended. 4. Cancer delays will be significantly affected as the capacity to bring patients in will be extremely limited. This will lead to more breaches and risk of cancer advancing and patient harm. 4. Normal working for admin and governance staff will be affected due to time constraints and the potential for them to work in other areas/from home/or on projects to facilitate the response to COVID-19. 5. There will be delays in completing reports/answering complaints and completing investigations. 6. The nursing to patient ratios will be different to the national standard with nurses caring for more than one level 3 patient at a time. 7. Many of the nursing staff will not be ICU trained and will therefore not have the full skills and experience of the ICU staff 8. Patients are to be regularly nursed in a prone position to aid oxygenation which increases the risk significantly of pressure ulcer development. There is a risk that the Critical Care Outreach Staff are covering both yellow and green areas and there may be a delay in seeing patients due to donning and doffing, and of	-The division are attending and feeding into the Trust-wide meetings. -Theatres staff/ BMI staff/ Endoscopy staff have been trained in ITU procedures and are being prepared to work in ITU. -The ITU and theatre staff Consultants will work closely to ensure that staff are working consistently. -Capacity planning is being undertaken to plan for expected winter surge -Anaesthetic ventilators and the oxylog are to be used -Division participating in operational plan flexing resource and capacity. -The ICU has split into 2 units, a green unit which is now in the recovery area with capacity for 8 patients, and a yellow unit whch is the main ICU, where capacty is now availiable for 17 ventilated patients. The Coronary Care Unit has been moved to a medical ward. -Further training given to staff -Critical Care staffing documents from ICS being followed. Clinics 1 screening questions asked via telephone regarding patients health and isolation status of household members 2 On attendance for appointment patient is required to wear surgical face mask. Further screening questions are confirmed and temperature taken. If temperature is above 37.8 the patient is directed for swabbing and requested to isolate and appointment rearranged. 3 For ENT the aerosol procedure takes place in room 3 which is only surgery room in main OPD with adequate air exchange. Staffs wear full PPE in accordance with PHE guidelines. Doffing and donning take place in adjacent rooms away from waiting patients. 4 Oral surgery have no room availability with adequate air exchange. Emergency procedures have to take place in theatre setting when available. Adequate ventilation system to be installed in all treatment rooms allowing AGP to take place in 8 clinic rooms safely returning capacity levels closer to pre covid targets.	Catastrophic (5)	Possible (3)	15	High	[Kahn, Mustafa 21/01/21 16:32:42] Risk reviewed in detail at AREG in January 2021. Risk approved by AREG and Executive Lead to be added to the significant risk register at a score of 15. [Hodges, Emily Miss 16/01/21 12:48:15] We will be requested the risk to upgraded to a High risk at the next R+A group. [Hodges, Emily Miss 16/01/21 12:53:04] -Day surgery work has now ceased and the area is being used as RED ED. -Critical Care have seen a significant rise in admissions and are needing to support surge centres -Theatres work is limited to only life threatening -Endoscopy work has been very effected and the area is now the GREEN surgical area. -All inpatient areas are facilitating medical inpatients. -Increased staff sickness and need for isolation. Request upgrade to High risk at next R+A group. [Hodges, Emily Miss 14/11/20 14:28:12] 14/11/2020 Discussion at governance meeting. Cases of COVID are increasing within the trust and so the risk has been moved to a moderate. There are concerns and ongoing discussions around the lack of GREEN ICU. PPE officers are expected to be returning to minimise risk of staff infection	Major (4)	Unlikely (2)	8	Moderate	31/01/2021