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)
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. The Trust is working with the East of England HEFMA Estates Group to ensure a consistent approach to managing risks across the region and nationally. Initial Radar Survey to 3 pre-selected Roof Zones to help identify plank locations along with an initial assessment of reinforcement Further internal and external intrusive investigations are now underway within the 3 designated Zones whereby sample cores and assessments can be made and conclude the structural investigation report. Plan drawn up showing every RAAC panel with unique identifier competed MLM have provided an updated safe loading capacity for Fire Brigade Access and they provide advice before placing any additional loads on the roof structure. Completion of level survey by laser level to the underside of the RAAC roof units and their supporting RC framework to establish the deflection profile of all areas of roof structure. The results of the survey shall be reviewed by a Structural Engineer. Strategy agreed with Structural Engineer for managing risks associated with shear point failure (i.e. failure of the RAAC panel near the end point supports). Worked with the Structural Engineer to identify a SOP for managing risks associated with extreme weather events (i.e. snowfall, heavy rainfall, heatwave, strong winds, etc.) when the risk of structural failure may be enhanced. Follow Structural Engineers advice regarding the need to open-up any RAAC panels in order to determine the physical condition of the structure. Review and analysis of RAAC deflection survey. Obtain advice from Structural Engineers (WSP) including a report detailing the action plan and management strategy to mitigate the risk of structural failur Follow Structural Engineers advice regarding the need to open-up any RAAC panels in order to determine the physical condition of the structure. Desktop evacuation was undertaken in 2019 and 2020 which included requirement to evacuate site due to plank failure - to repeat desktop evacuation plan every 12 months. New suite of action cards developed based on cards produced by the West Suffolk and circulated to wards and departments, estates and switchboard teams. General communications released giving reassurance and detailing how staff should report any issues regarding RAAC panels	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Carlton, Emma Mrs 25/03/21 08:27:45] Risk reviewed and updated 25.03.21: The total number of roof planks identified on the plans is 7,881 (the estimate was 10,000) The number of planks fully surveyed is 3,156, The percentage surveyed is 40% Following survey work undertaken to date there are 131 props around the site. There are 90 defective planks plus the 75 identified in the gym, previously estimated at 100 planks, total is 165 planks, across 42 areas of the Trust. The CCU work remains on track for completion and a seperate risk will be added to the register to reflect CCU. [Woodcock, Douglas 24/03/21 09:38:45] Risk reviewed at AREG in March 2021. No changes to the risk grading were proposed, and the changes to the controls and narrative were approved. However, it was noted that new risks were proposed to be added to the risk register specifically in relation to the deterioration of the roof in CCU. [Woodcock, Douglas 15/03/21 10:39:32] Risk reviewed and approved by Director of Finance. [Carlton, Emma Mrs 12/03/21 14:07:47] On Tuesday 9th March 2021 21 planks were detected in CCU (Critical Care Unit) 14 of which were showing major damage due to services cut into the planks. Following advice from MLM and internal discussion the critical care unit was closed on the evening of 10th March 2021 and the function was moved to main theatres – the moves have been completed by the morning of the 11th March. The unit was already partially unoccupied due to planned estates work. The Trust had to relocate patients in the unit, into theatres. The Trust has declared an internal major incident as a result and a communications plan is in place. Daily meetings are in place and the timescale is for installation of failsafe within 14 days. Castons have provided a diagram of the affected planks within the first surveyed area of CCU, with further survey to continue, and complete on Tuesday 16th March 2021	Major (4)	Rare (1)	4	Low

																[Carlton, Emma Mrs 25/02/21 14:56:44] Risk reviewed with AD for E&F on 25.02.21. During February 2021, 42 Priority 1 (P1) planks have been identified by Castons and reviewed by the estates department. The areas the P1's have been located in include: Anmer, Castleacre Corridor, Rudham Ward, Estates department, Wolferton, Brancaster, and the Central delivery suite. The pre survey is progressing well and is almost at the point of completion . Castons has described the project as progressing well with the remaining areas such as the Critical Care Complex and Main Theatres dependant on access. The controls have been reviewed and updated as part of this months review as requested by the AREG.				
																[Kahn, Mustafa 17/02/21 17:19:32] Risk reviewed at AREG in February 2021. Focus was given to the strength of the Controls in Place. Although there was satisfactory assurance on the Controls in Place, the Executive Lead requested they be reviewed in line with the Progress Notes.				
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.	Potential long waits to access community services so patients present at A&E Assessment inpatient beds for patients with severe dementia is only available in Norwich No MH bed management between midnight and 8am.	Poor patient experience Detained patients being unable to access the required assessment and treatment for their mental illness Trust assumes care to patients outside of core commissioned services Increased risk of harm to staff and other patients. Higher risk of self-harm events from MH patient cohort whilst not in specialist facility. Trust at risk of breaching statutory and regulatory requirement including 12 h breaches from decision to admit from ED. Potential delay in assessment and treatment Negative impact on internal patient flow	Locally there are 16 mental health beds which has been a static number of many years and in Norwich the number of beds was increased by 10 in 2017. NSFT also have available some additional block booked beds at Southern Hill Hospital. There are current plans in place to extend the availability of older persons beds at the Julian Hospital but no firm dates for this yet. Out of area beds are available at the discretion of the NSFT on call manager / care group and the CCG.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 24/03/21 09:42:36] Risk reviewed at AREG in March 2021. Risk grading to remain the same; the acuity and number of mental health patients presenting at ED may increase as the trend has been post-lockdown. Mental Health Trusts have not as yet made any further mitigations.	Moderate (3)	Unlikely (2)	6	Low
																[Woodcock, Douglas 04/03/21 13:55:32] Risk reviewed by April Brown & Denise Smith. Slight amendments to the wording of the risk description and risk controls made. Risk to be potentially downgraded as the current likelihood may be too high. To be discussed at AREG.				
																[McGuire, Karen Mrs 26/02/21 14:02:44] Reviewed by HON 26.2.21 (Review will be undertaken by Divisional R&G meeting W/C 1.3.21). There remains focus on timely escalations and robust communications.				
																[Kahn, Mustafa 17/02/21 18:01:39] Risk reviewed at AREG in February 2021. Focus was given to the strength of the Controls in Place which will be updated at the next review.				
								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, structured performance review meetings taking place Corporate action plan to address concerns raised under section 29A and section 31 by CQC regulatory framework.					[Woodcock, Douglas 24/03/21 09:43:51] Risk reviewed at AREG in March 2021. There are currently only 7 section 31 notices remaining. This risk may be considered for downgrade once the formal notice has come through in relation to the other section 31s being lifted.				

2483	24/07/2018	Process / Corporate Risk	Notley, Louise	FS2	Medical Director	16	High				Regular monitoring and updating of the section notices within the IQIP via Fortnightly IQIP Monitoring Meetings. Monthly reporting of compliance to the CQC Strengthened governance arrangements in place with Board oversight of progress and evidence via the EAG and Fortnightly IQIP Monitoring Meetings.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 10/03/21 16:10:25] Risk reviewed by medical director. The Trust EAG has returned 30 of 33 learning conditions to business as usual. Risk level to remain the same. [Notley, Louise 27/02/21 13:27:58] Risk and controls reviewed. A further application has been made to the CQC on 11/02/21 to request the lifting of a further 11 of the remaining 17, Section 31 conditions. The CQC have also confirmed the closing of 5 Section 29A Conditions. Whilst the Trust's most recent application is being reviewed by the CQC, all conditions remain in place. The risk therefore remains unchanged.	Major (4)	Rare (1)	4	Low
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 43 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. 5 s31 and 5 s29a conditions closed by CQC. Clinical Review programme paused during Covid but supported by senior leaders working clinically. 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 13.7% to date) and NICE Guidelines (down from 23 to 5) 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	[Woodcock, Douglas 24/03/21 09:44:44] Risk reviewed at AREG in March 21. The changes to the controls were noted, and no change to the risk grading was proposed. [Woodcock, Douglas 15/03/21 12:09:44] Risk Reviewed and approved by Medical Director. Slight amendments made to the controls based on the latest IPR. Risk level to remain the same. [Kahn, Mustafa 17/02/21 17:40:59] Risk reviewed at AREG in February 2021. Focus was given to the strength of the Controls in Place. There was satisfactory assurance on the Controls in Place. [Kahn, Mustafa 10/02/21 15:27:51] Risk reviewed and approved by Executive Lead in February 2021. 5 s31 and 5 s29a conditions closed by CQC. Improving position on Clinical Guidelines (from 20% to 13.7% to date) and NICE Guidelines (down from 23 to 5)	Major (4)	Rare (1)	4	Low
								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, poor patient experience. Adverse media coverage or public concern about the organisation. Inability to meet the cancer waiting time standard.	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. The Trust is engaged with the cancer intensive support team and has an agreed improvement plan in place. Cancer surgery has now restarted as of Tuesday 2nd Feb and should					[Woodcock, Douglas 24/03/21 10:23:30] Risk reviewed at AREG in March 21. Although the risk was approved, a changing to the narrative was requested as most recent review suggested that all cancer surgery was paused which was not the case except for colorectal surgery.				

2634	27/08/2019	Patient Risk (Quality)	Everitt, Mr Matthew	Jones, Ms Sarah	Chief Operating Officer	15	High				Cancer Surgery has now restarted as of Tuesday 2nd Feb and should be secured now going forward. More capacity has been introduced to bring down the long waiting times for diagnostics. Numbers on pathway are beginning to decrease in some areas.	Major (4)	Likely (4)	16	High	[Everitt, Matthew Mr 09/03/21 15:51:48] The reintroduction of Surgery is having a positive impact on the waiting time of patients. The backlog is now reducing week on week snd currently sits at 36 patients. [Woodcock, Douglas 05/03/21 10:58:36] Risk reviewed by COO Denise Smith. Amendments to the controls requested [Malyon, Lisa 02/03/21 13:21:35] Update 2/3/21 – Colorectal surgery cases restarted on the 1st Feb using endoscopy as green HDU. Harm review for 104 days+ completed, datix submitted and discussed at breach report meeting. Continue to run theatre list for cancer and outpatients for 2ww clinics.	Minor (2)	Possible (3)	6	Low
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 was without a substantive Manager between 2017 and 2020 due to the long term sickness absence of the previous incumbent.	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). Maternity Services - Reduced Access to ultrasound services for maternity patients requiring GROW scans (Risk 1750). Delays in Clinicians receiving Radiology Reports due to Reporting Backlog leading to delays in treatment pathways. Risk to patient safety if inadequate cover both in and out of hours services. OOH is currently more vulnerable due to all weekend and Bank Holiday hours being covered by Radiographers working "Bank" (Rostered)hours over and above their substantive contracts.	2020:Substantive Manager appointed 2021 - staffing Business Case submitted; increasing Reporting Radiographer Capacity business Case submitted; Apprentice Radiographer Business Case submitted Interim Manager has recently been appointed.(2019) 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	[Woodcock, Douglas 24/03/21 10:29:27] Risk reviewed at AREG in March 21. No change to the risk score was proposed. Substantial vacancies currently remain within radiology. However, the controls remain the same, and greater assurance of the controls is in development. [Woodcock, Douglas 10/03/21 16:12:04] Risk reviewed by medical director. Cultural programme has commenced within radiology to improve working lives which may improve recruitment and retention. Risk level to remain the same. [Woodcock, Douglas 02/03/21 16:09:11] Verbal update provided by Chris Evans. The risk has been reviewed through the radiology clinical governance meeting on 15 February and at the divisional board on 23 February. The risk rating remains the same and the controls remain unchanged. However, the radiology team currently only have 1/3of cross-sectional workforce in place, with 3/4 of plain film cohort in place, 1/4 of those are locum roles. Recruitment is ongoing. [Kahn, Mustafa 17/02/21 17:50:19] Risk reviewed at AREG in February 2021. Focus was given to the strength of the Controls in Place which will be updated at the next review. [Kahn, Mustafa 10/02/21 15:33:26] Risk reviewed and approved by Executive Lead in February 2021. s29a notices have been lifted. Improving position in reporting backlog. Ongoing risk of prolonged waits for diagnostic imaging.	Moderate (3)	Rare (1)	3	Low
								There is a risk that patients reaching the end of their life do not have an individualised plan of care (IPOC) which has been agreed with the patient. This is also 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.	•The EOL pathway has been reviewed and redesigned following an external review by NNUH. •There has been a review of the EOL governance processes, including Learning from Deaths forum and the recognise and respond forum. •The EOL care team provision has been reviewed and redesigned; as of 08 March 2021, there will be a full complement of staff to enable review of all patients at EOL to ensure IPOC in place.					[Woodcock, Douglas 24/03/21 10:35:23] Risk reviewed at AREG in March 21. The changes to the controls and risk description were approved. No change to the risk scoring was proposed, as work towards compliance is ongoing.				

2679	15/11/2019	Patient Risk (Quality)	Raghuraman, Dr Govindan	O'Brien, Carmel	Chief Nursing	12	Moderate				•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	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 09/03/21 10:33:37] Risk reviewed by Raghu and Carmel, with the controls updated and risk description slightly amended. [Woodcock, Douglas 24/02/21 13:13:40] Risk reviewed by Raghu and April. It is proposed that the risk level remain the same until: PMO fully in place to support developments and embedding of IPOC Recruitment to consultant posts Recruitment to clinal nurse specialist post [Kahn, Mustafa 17/02/21 17:48:29] Risk reviewed at AREG in February 2021. Focus was given to the strength of the Controls in Place which will be updated at the next review.	Moderate (3)	Possible (3)	9	Moderate
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 and continues to progress a case for a new hospital • The BMI Sandringham site has been acquired by the Trust and will increase capacity for elective services. • 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 was developed. This programme aims to address critical backlog issues and investment requirements on a risk based assessment. Executive level monitoring of progress against the development of the plan and the expenditure incurred. • 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 • Local and Regional Resources identified to deliver digital strategy and cyber plan with national match funding available.	Major (4)	Likely (4)	16	High	[Woodcock, Douglas 24/03/21 10:38:55] Risk reviewed at AREG in March. No changes to the risk scoring were proposed. [Woodcock, Douglas 11/03/21 14:03:34] Risk reviewed by Chris Benham director of finance. Slight amendments made to controls, risk to remain as graded. [Woodcock, Douglas 05/03/21 11:00:48] Risk reviewed by Denise Smith, requested review from Carly WB [Kahn, Mustafa 17/02/21 18:06:58] Risk reviewed at AREG in February 2021. Focus was given to the strength of the Controls in Place which will be updated at the next review.	Major (4)	Unlikely (2)	8	Moderate

2199	10/12/2015	Patient Risk (Quality)	MacDuff, Miss Olivia	Harvey, Sarah	Chief Operating Officer	16	High	There is a risk that patients could come to harm through delays 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.	Escalation process in place, and emdedded, improvement seen in early escalation of breaches however this will continue to be monitored. Daily breach meeting set up with ED Leadership Team to review breaches from the previous day and ensure any learning taken away. Red ED re-located to Day Surgery Unit 9 January 2021. This has shown a reduction in ambulance delays over an hour, in February 1.08% of handovers exceeded 60 minutes. There has also been approximately a 20% increase in performance for 15 minute ambulance handover which for February 21 performance was 56.55%. Work continues to improve performance further which includes planning for the Day Surgery Step Down. A further 10% increase has been seen since January 21, February performance was 83.5%. This is now a 15% increase since December 2020. Monthly exception report produced for Divisional Board for oversight, detailing changes and improvements. There has been a reduction in complaints regarding waiting times in 2020/21 compared to 2019/2020. Governance structure and processes in place to respond to changes as they occur e.g. Daily capacity and flow meetings (inc. weekends), daily silver call. A data validation SOP for 4 hour breach reporting in place. Emergency care improvement programme in place to review pathways of care from pre-hospital to discharge with the aim to reduce delays and crowding. Weekly meeting in place with new UEC programme manager.	Moderate (3)	Almost Certain (5)	15	High	[Woodcock, Douglas 24/03/21 10:41:20] Risk reviewed at AREG in March 2021. Although the current ED footprint is functional, it is not felt to be sustainable in the long term. A task and finish group has been established in relation to changing the footprint. Risk grading to remain the same. [Woodcock, Douglas 04/03/21 16:26:23] Risk has been reviewed by COO Denise Smith. Risk has been slightly re-worded and a re-wording of the cause has been requested. [MacDuff, Olivia Miss 02/03/21 10:28:09] Risk reviewed by ED Leadership Team 01/03/2021. Further reduction in month in ambulance delays over an hour from 7.88% in January 21 to 1.08% in February 21. Sustained and further improvement in performance for 15 minute ambulance handover, January performance - 47.45%, February performance 56.55% February performance for 4 hour increased to 83.5% slightly below the Trust trajectory of 83.66%. Risk proposed to remain the same as currently still below Trust trajectory. Existing controls updated. [Kahn, Mustafa 17/02/21 17:56:21] Risk reviewed at AREG in February 2021. Focus was given to the strength of the Controls in Place which will be updated at the next review.	Moderate (3)	Possible (3)	9	Moderate
							High	There is a risk of disruption to the delivery of services, including loss of digital clinical services, corruption and/or unavailability of patient information both demographic and clinical.	A malicious cyber-security related attack on the Trust's digital systems and / or information from an external or internal source. This includes such attack paths as phishing emails, ransomware, other malware and denial of service attacks.	Loss or disruption to the delivery of clinical services,, corruption and/or unavailability of patient information both demographic and clinical. Depending on the nature, service, spread and duration this could adversely affect patient outcomes and even potentially result in patient harm. (Examples, Loss of emergency and assessment services leading to diversion of ambulances to other hospitals following a patient stroke; Key clinical data unavailable (e.g. meds admin records); Tampering with medical devices affecting vital sign observations or even drug administration.	A number of technical, procedural and people based security countermeasures are in place. These include:- IT security policies/processes. Network perimeter firewalls and systems. Malware detection security products i.e. Sophos anti virus/spam email, Websense web filtering. Staff awareness/communications. Software patch control and update Business continuity plans. System back-ups. NHS Data Security Protection Toolkit Support from NHS Digital Data Security Centre Regional cluster cyber security group Security audit (e.g. Grant Thornton)Kit. Digital strategy in place Annual cyber plan in place. Additional support is now in place to facilitate delivery of the strategy and plan.				High	[Woodcock, Douglas 24/03/21 10:42:26] Risk reviewed and approved at AREG in March 21. A slight amendment to the controls was requested which has now been actioned. [Woodcock, Douglas 15/03/21 09:33:13] Risk reviewed and approved by Deputy CEO. Risk grading to remain the same.				Moderate

2343	02/05/2017	Financial & Estates Risks	Hall, Nigel	Hall, Nigel	Deputy Chief Executive	20	Extreme / Very High					Catastrophic (5)	Possible (3)	15	High	[Woodcock, Douglas 25/02/21 13:08:47] Update from Nigel Hall and Dave Gray: Experienced NHS Cyber Security Manager in post from 1st Feb 2021 Creation of Cyber Task & Finish group to track more immediate security vulnerabilities and non-compliances in place Emerging cyber security strategy in line with NIST best practise (NIST Cyber Security Framework) Ensuring a balanced set of security controls – Identify, Protect, Detect, Respond and Recover Better Digital team awareness of contemporary cyber threats Creation of Virtual Cyber Security Team within the Digital department to focus on coordinating security related activities to deliver the cyber security strategy Emerging plan to rehearse major cyber incident response in conjunction with David Coe and the regional Local resilience Forum [Kahn, Mustafa 17/02/21 18:10:38] Risk reviewed at AREG in February 2021. Focus was given to the strength of the Controls in Place which will be updated at the next review.	Major (4)	Unlikely (2)	8	Moderate
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 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, with the COVID-19 pandemic being managed as a Level 4 National Incident. The World Health Organisation was informed of a new coronavirus circulating in the Wuhan District of China in late December 2019. The first reported case in the UK was on 31 January 2020. 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). Action logs are 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 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.	Catastrophic (5)	Possible (3)	15	High	[Woodcock, Douglas 24/03/21 09:41:16] Risk reviewed at AREG in March 2021. The risk scoring was downgraded from likely (4) to possible (3), changing the overall scoring to 15, meaning it remained a significant risk. The number of inpatients confirmed to having Covid-19 has decreased significantly over the last few weeks, with one ward de-escalated and another planned for de-escalation. [Woodcock, Douglas 05/03/21 10:01:06] Risk reviewed by COO Denise Smith. Wording of the controls has been amended. A change to the wording and scoring of the risk has also been suggested due to ongoing immunisation drive, with local and national Covid-19 cases dropping. [Coe, David Mr 02/03/21 16:26:07] There is no significant change to our position. Although we are seeing numbers coming down we are still in a level 4 incident and our incident command room is open from 08.00 - 20.00 seven days a week. ICT are still meeting daily and will decided whether to move to 3 times a week along with CP&SC, Workforce and Patient experience.	Catastrophic (5)	Rare (1)	5	Low

																[Kahn, Mustafa 17/02/21 17:53:01] Risk reviewed at AREG in February 2021. Focus was given to the strength of the Controls in Place which will be updated at the next review.			
2703	24/03/2020		McGuire, Mrs Karen	McGuire, Mrs Karen	Human Resources	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. Staffing is reviewed daily to maintain oversight with movement of staff to support. Bank and agency staff are also in use. Covid-19 vaccinations are also well underway, with 83% of staff at QEH site having had the vaccine. Second vaccination appointments will be offered as of March 2021	Catastrophic (5)	Possible (3)	15	High	[Woodcock, Douglas 24/03/21 10:44:36] Risk reviewed at AREG in March 21. Although the narrative in relation to staffing absences is improving, the focus should now shift on return to work for staff members on long-term sick leave. Risk to be reallocated to Jo Humphries for Exec Ownership, and risk scoring to remain the same. [Woodcock, Douglas 04/03/21 16:39:14] Risk has been reviewed by COO Denise Smith. Staff Covid-19 vaccinations have been added as a control. It was also suggested that the risk level could be reviewed in light of the ongoing vaccination drive. [McGuire, Karen Mrs 26/02/21 13:39:34] Reviewed by HON 26.2.21 (will also be reviewed at Divisional R&G W/C 1.3.21. Staffing remains a challenge with second wave of shielding letters now impacting and ongoing high sickness levels. However nurse/medical staffing has begun to demonstrate stability at improved levels but this remains reliant on high numbers of agency staff. A review of staffing establishments/Trust bed configuration/recovery of elective profiling is underway which will need to be reflected in a skill mix/establishment review with necessary changes in overall staffing expected. Current controls to be reviewed in line with agreed actions/changes noted above. [Kahn, Mustafa 17/02/21 17:54:42] Risk reviewed at AREG in February 2021. Focus was given to the strength of the Controls in Place which will be updated at the next review.	Catastrophic (5)	Rare (1)	5	Low
								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.	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					[Woodcock, Douglas 24/03/21 10:50:05] Risk reviewed at AREG in March 21. No changes to the risk grading were proposed at this time, however, it was noted that this risk may be suitable for downgrading further down the line should the situation continue to improve.				

2793	11/10/2020	Patient Risk (Quality)	McGuire, Mrs Karen	O'Brien, Carmel	Chief Nursing	16	High	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			7. Dementia friendly environments on some wards. 8. 39 HCSWs started at the Trust in March 2021. 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	[Woodcock, Douglas 04/03/21 13:46:16] Risk reviewed and approved by April, with amendment of 39 Healthcare Support Workers started in March 21 added to existing controls. Risk level to remain the same. [McGuire, Karen Mrs 26/02/21 13:46:54] Reviewed by HON 26.2.21 (Review will also be undertaken at Divisional R&G W/C 1.3.21). Controls reviewed. Staffing remains challenging but with some evidence of improvement in the last 2 weeks. There is work underway reviewing/planning a return to elective activity and bed configuration which will impact on overall nurse establishments. These will therefore need review when planning complete. A successful recruitment drive for un-registered staff has resulted in additional staff now starting in the Trust which will support enhanced care delivery. There are planned actions relating to falls reduction which will also support enhanced care delivery knowledge. Controls to be further reviewed and updated as these pieces o work are completed.	Minor (2)	Possible (3)	6	Low