ID	Opened	Risk Type	Exec Lead	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
1938	19/04/2018	Financial & Estates Risks	Chief Operating Officer	15	High	There is a risk to life and infrastructure due to the potential failure of multiple critical components of the fire safety system due to historical building defects.	Original design and installation in the building. Compartment walls are not adequately fire proofed to current building regs and Fire code.The existing containment may fail to provide the desired (under HTM) 30 minutes protection from fire spread. Containment may achieve 15 - 20 minutes but there is no supporting evidence. For clarity, a ward evacuation takes (under test conditions) 5 min. Historical lack of planned maintenance & testing for fire dampers. If the ventilation dampers do not function adequately (triggered by fire alarm activation) fire may spread rapidly through the duct work. Fire detection across the whole site is not of the current L1 standard.	Reduced evacuation periods and subsequent potential for harm to vulnerable patients who require assisted evacuation. Potential for enforcement notice with possible subsequent legal action (HSE/Fire service. Need to move through more compartments during evacuation. Evacuation involves moving more patients to give a 2 compartment separation between the fire and persons. If the dampers do not work there is potential for smoke and fire to move rapidly and randomly throughout the building Random spread of fire would produce a lack of certainty around a planned evacuation of the area. A secondary effect of this is that a fire may go undetected.	Mandatory staff training annually for clinical and patient facing staff, includes evacuation and fire extinguisher training. Fire simulation exercise carried out 2015 and again in 2019. Fire Policy adapted to allow for identified risks - under regular review. Fire Strategy. Evacuation policy. Appointment of Fire Engineer. SLA with Nifes Fire Safety consultants. Departmental risk assessments. All current and future capital projects regarding construction of areas meet current standards. Replacement of fire doors is being phased through the organisation, use of 2 bed movers to assist with evacuation of beds down the rear ramp. Vigilance by all staff to ensure designated fire exits kept clear. Fire alarm and emergency lighting installations. Installation of additional fire detectors, on going over the next 2 years to upgrade to L1 system. Compliance with CDM regulations around contractors on site. Prevention of accumulation of contractors debris, equipment or obstruction particularly in front of ventilation ducts and escape routes. General vigilance of staff to the maintenance of a safe environment. Ensuring all other fire alert systems are functioning. Staff training - involves awareness and vigilance. Appointment of a Fire Engineer. Contractor appointed to carry out detailed surveys. Part of all refurbishments specifications take into account all local duct work and additional fire detection systems. Mapping has been carried out for all new areas. Planned maintenance processes being continually reviewed. Contract with Nifes - external Fire specialist contractors. Program of work started Feb 2016 to upgrade fire alarm system. Regular site visits from Norfolk Fire and Rescue Service are in place.	Catastrophic (5)	Possible (3)	15	High	[Tear, Jamie Mr 16/01/20 10:09:33] Risk reviewed by Chief Operating Officer, on 15/01/20. Actions remain in progress therefore risk will remain graded at 15.	Catastrophic (5)	Rare (1)	5	Low	15/02/2020
2199	10/12/2015	Patient Risk (Quality)	Chief Operating Officer	16	High	There is a risk that patients will have a poor experience in the Accident and Emergency Department due to the trust not meeting it's strategic objectives and not achieving the 4 hour waiting time target.	Delay in transfers of care. Limited number of discharges. GP refers to specialty. High demand on Accident and Emergency Services. Sub-optimal Patient Flow across the trust. Failure to discharge patients in a timely manner from the trust. Failure of admission avoidance schemes in the community.	Risk to the BAF (Risk 2). Risk to Strategic objectives 1, 2, 3 & 5. Consistent breaches of the 4 hour standard target. Poor patient experience. Potential reputational damage. Financial penalties. Potential for adverse patient outcomes.	Robust escalation process. Bed management policy. Governance structure and processes in place to review and manage changes as they occur e.g. bed meetings, daily silver call. Clear triage pathway. Daily dtoc. Patient flow program. New AEC/SDEC expansion now in place and opened on 13/01/2020. This should have a positive impact on flow in the department, to be evaluated upon next review.	Moderate (3)	Almost Certain (5)	15	High	[Tear, Jamie Mr 16/01/20 10:14:32] Further review undertaken by COO 15/01/20. December 2019 performance 71.21%. New AEC/SDEC expansion in place and expanded discharge lounge planned from 17/01/20. Aim to improve position in next month but risk will remain graded at 15 until the position improves.	Moderate (3)	Possible (3)	9	Moderate	15/02/2020
2343	02/05/2017	Financial & Estates Risks	Deputy Chief Executive	20	Extreme / Very High	Risk of disruption to the delivery of services, loss of confidential information,detrimental effect on the Trust's reputation, financial impact due to a cyber crime attack.	A malicious cyber-security related attack on the Trust's IT systems and information from an external or internal source.	Disruption to the delivery of services, loss or corruption of information, detrimental effect on the Trust's reputation, negative financial impact.	IT security policies/processes. Network perimeter firewalls and systems. IT security products i.e. Sophos anti virus/spam email, Websense web filltering. Staff awareness/communications. Software patch control. Strong access control i.e. user accounts/passwords. Business continuity plans. System back ups. IG Tool Kit.	Catastrophic (5)	Possible (3)	15	High	[Tear, Jamie Mr 21/01/20 16:20:37] Reviewed on 21/01/20 by Deputy Chief Exec. There is a digital strategy and annual cyber plan in place, however existing trust resources to deliver the plan are not robust. Additional short term senior support is now in place to provide oversight, and also to advise on the necessary resource and structure to deliver strategy and plan. The current grading of 15 to remain until long term delivery agreed.	Major (4)	Unlikely (2)	8	Moderate	21/02/2020
2684	06/01/2020	Patient Risk (Quality)		15	High	There is a risk of misdiagnosis due to aging Echocardiography machines which were purchased over 10 years ago within the Cardio-Respiratory Department.	Machines are on service contracts and serviced regularly. Company does not supply service contracts on machines older than 10 years. Business case to update 2 oldest machines. Charitable fund business case for portable machine.	Potential risk of misdiagnosis.	Machines are on service contracts and serviced regularly. Company does not supply service contracts on machines older than 10 years. Business case to update 2 oldest machines. Charitable fund business case for portable machine.	Moderate (3)	Almost Certain (5)	15	High	[Long, Ami Miss 06/01/20 12:30:10] The capital for the machines has been signed off in the December MEC. This risk will remain on the register until delivery.	Moderate (3)	Rare (1)	3	Low	30/04/2020
2483	24/07/2018	Process / Corporate Risk	Medical Director	16	High	There is a risk of reputational damage to the trust if regulatory notices from the CQC (Section 31 and Section 29A notices) are not removed or acted on effectively.	CQC Section 31 and Section 29A notices received covering various aspects of care.	Adverse publicity and poor institutional reputation may affect the ability to recruit and retain staff so leading to further difficulties in providing safe and compassionate care for our patients. This may endanger the future sustainability of the trust.	Divisional structure revised to provide additional leadership adn support to areas with section notices in place September 2019. October 2019: Integrated quality improvement plan (IQIP) now in place, regular performance reveiw meetings taking place Corporate action plan to address concerns raised under section 29A and section 31 by CQC regulatory framework. Regular monitoring and updating of the section notices within the IQIP via the Conditions and notices oversight group which reports to Hospital management board - quality. The governance arrangements that support the monitoring and delivery of the section notices includes quality and performance committee, Trust board with external reporting to Oversight and Assurance Group	Major (4)	Likely (4)	16	High	[Tear, Jamie Mr 17/01/20 13:56:50] Risk was reviewed on 16/01/20 by Medical Director. 18 of 46 conditions have now been signed off internally. Recommendation to keep the grading of this risk at 16 until further progress is made.	Major (4)	Rare (1)	4	Low	16/02/2020

2592	16/05/2019	Patient Risk (Quality)	Medical Director	20	Extreme / Very High	There is a risk that patients may receive sub-optimal care / treatment, with failures in: - Outcomes - Safety - Experience	Inconsistent compliance with standards and policy Inappropriate skills mix / capacity Ineffective training Ineffective leadership Poor communication with patients and carers Failures in documentation and record keeping Lack of patient involvement / choice Sub-optimal pathways and poor flow through the organisation Failure to identify and manage risk effectively Very high demand for services Lack of community capacity / social care Failure to assimilate learning	Higher rates of avoidable deaths Patient harm Increasing incidence of Infection outbreaks Poor patient outcomes Poor patient satisfaction Increased number of SIs / Never Events Poor regulatory / accreditation inspection outcomes & regulatory intervention Adverse media coverage / reputational damage Poor patient flow DTOCs and people being cared for in an inappropriate environment Delayed treatment Highly pressured working environment for staff Contract breaches	•New divisional structure with greater accountability •Interim director of Patient Safety appointed and Deputy Medical Director commenced in post •IP&C Interim appointment; improvements against action plan Recent NHSI/E / CCG visit determined significant improvements now rated as amber •Mortality Lead appointed and Medical Examiner •End of Life Care Improvement Plan in place with clinical lead •Regular Performance reviews •New management template in place for managing serious incidents, including milestone reporting and twice weekly serious incident panels. •Integrated Quality Improvement Plan refreshed and in place supported by Quality Improvement team •IPR - performance variable. Positive on Stroke and Diagnostics. Reducing DTOCs. •Response rates high compared to benchmarks. Key areas of work: 1. Policies, procedures, protocols, SOPs 2. Standards and Targets (supported by the Accountability Framework) 3. Strategies (e.g. The Quality Strategy) 4. The Winter Plan 5. Divisional Structures and Leadership 6. Relationships with partners e.g. contract with CCG 7. Support and learning (e.g. ECIST, Maternity & Cancer Services Support) 8. Risk and Governance Reporting Systems and Risk Management Strategy"	Major (4)	Likely (4)	16	High	[Tear, Jamie Mr 17/01/20 13:59:13] Reviewed by medical director 16/01/20. Current assurance available relating to all quality risks aligned to BAF risk 1 reviewed by medical director. Although some progress has been made against the key areas of work described in the controls section there is still limited assurance available in any areas therefore decision taken for current grade of 16 to remain.	Major (4)	Rare (1)	4	Low	16/02/2020
2594	23/05/2019	Patient Risk (Quality)	Chief Nursing	8	Moderate	There is a significant risk of harm to patients and staff due to the age of the delivery beds within Central Delivery Suite which are part of an aging bed fleet belonging to the Trust. There are 7 beds – manufactured by either Huntleigh or Hill-Rom which require replacement.	The beds have been identified to be no longer fit for purpose due to their age and limited availability of replacement parts, risk of body fluid ingress into the Huntleigh mattresses due to wear and tear and rust areas on all beds that hinder the infection control cleaning processes.	• The risk of injury to mother, child, and/or staff should the bed fail or additional equipment fitted to the bed (e.g. leg supports) fail. • There is a risk that the mattress will allow ingress of bodily fluids due to wear and tear, this will result in disposal which will cause the bed to be out of use until a replacement can be procured. • There is a risk of damage to the mattresses due to the condition of the bed frames and leg supports. • Risk of infection from not being able to adequately clean bed frames due to rust.	• Pre-use bed checks in place. • Mattress checks each time the bed is cleaned. Additionally the ward manager performs a weekly mattress check on all delivery beds to identify damage and IPC issues. • Faulty beds are reported to the Estates department • Service contract in place with Huntleigh for bed maintenance Procure	Major (4)	Likely (4)	16	High	[Tear, Jamie Mr 16/01/20 10:20:08] Risk review by Deputy Chief Nurse on 15/01/20. Tendering process for trust bed management replacement programme has commenced but risk to remain at 16 until replacement beds purchased.	Minor (2)	Unlikely (2)	4	Low	15/02/2020
2634	27/08/2019	Patient Risk (Quality)	Chief Operating Officer	15	High	There is a significant risk that patients will not receive timely cancer treatment in line with the 62 day referral to cancer waiting time standards	Cancer PTL numbers are above target Capacity does not meet demand Histology/Pathology results are delayed Patients are not informed of negative results in a timely manner Lack of capacity in both clinics and Theatre. Heavy reliance on Tertiary Centres Vacant Consultant posts	Delays may cause avoidable death or serious harm, shortened life expectancy or prolonged pain Adverse media coverage or public concern about the organisation. Inability to meet the current Cancer Trajectory/PTL Targets.	New Harm Review policy implemented (breach analysis completed for patients who have breached the 62 day referral to treatment standard and harm review completed for patients exceeding 104 days). Weekly PTL and escalation meeting to DLT Recovery trajectory in place for each cancer site.	Major (4)	Likely (4)	16	High	[Hodges, Emily Miss 16/01/20 14:26:33] No further changes to be made at present. To be discussed at the next divisional RR meeting prior to committee. [Tear, Jamie Mr 16/01/20 10:21:52] Reviewed by Chief Operating Officer on 15/01/20. December 2019 position 61.14%, therefore no significant change in performance and risk to remain graded at 16.	Minor (2)	Possible (3)	6	Low	15/02/2020
2640	01/08/2019	People Risks	Chief Nursing	16	High	There is a risk that the trust's ability to provide required capacity for transfusion services due to the lack of transfusion team staff.	Long term absence of transfusion team staff members, System asset administrator, Transfusion practitioner, Transfusion administrator.	Who might be harmed and how;Laboratory services Transfusion Services Bloodtrack QEHKL reputational damage and non conformity to EPA QEHKL SLA	June – Flexing of some work to laboratory staff where possible June- recruitment to temporary post to cover system asset administrator to start September 2019 July 2019 – Secretariat requested to support administration role of HTT/HTC August 2019 – Assistant director of nursing informed August 2019 – Haematology consultants covering Transfusion practitioner role where possible August 2019 – Flexible working request submitted to HR for transfusion administrator post December 2019 Transfusion assistant returned work, Transfusion practioner still on sick leave. Backfill for systems asset adminster has been backfilled due to secondment. two of the three posts are not staffed and this has a positive impact on service delivery	Major (4)	Likely (4)	16	High	[Tear, Jamie Mr 16/01/20 10:23:00] Deputy Chief Nurse reviewed on 15/01/20. No significant change to current position therefore risk to remain graded at 16.	Major (4)	Rare (1)	4	Low	15/02/2020

2643	16/09/2019	Patient Risk (Quality)	Medical Director	16	High	There is a risk that patients are unable to access safe and effective diagnostic imaging at the trust to service level standards which may affect their clinical care, due to insufficient staff in diagnostic imaging.	Capacity of radiology services. Specifically vacancies in Radiologists (Risk 2352), Radiographers (Risk 2273) and Sonographers (Risk 1750). The Trust has been without a substantive Manager for 2.5 years.	In patients: Delays in access to diagnostic imaging for emergecny patients can lead to delays for those patients and failure to meet 4h emergency care standard. 7 day operational services not routine leading to delays in inpatient care and discharge which impairs flow through the hospital. Out patients: Frequent breaches of the 6 week diagnostic standard. Limited access to timely high quality diagnostic imaging services could lead to further delays in patients pathways, particularly on RTT waiting times (Risk 956) and 2ww cancer pathways (Risk 2634). Access to ultrasound services for maternity patients requiring GROW 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	[Tear, Jamie Mr 17/01/20 14:22:40] Reviewed by Medical Director 16/01/2020. Current controls to mitigate this risk appear effective at present, however the sustainability of these controls is not certain. A radiology quality summit was held on 17/01/2020. The risk was reviewed on 21/01/2020 by DLT following the quality summit and the decision was taken for the risk to remain at 16 given concern regarding the sustainability of existing controls.	Moderate (3)	Rare (1)	3	Low	16/02/2020
2679	15/11/2019	Patient Risk (Quality)	Chief Nursing	12	Moderate	There is a risk that patients reaching the end of their life do not have an individualised plan of care (IPOC). This is a 'must do' recommendation from the CQC	Low numbers of patients with IPOC in place at end of life. Processes not consistently applied across trust for patients at end of life. IPOC process requiring review.	Poorly managed care and experience of patients at end of life. Patients suffering potential delays in symptom management on palliative pathways.	•Old IPOC remains in place. Revised version agreed but not in accordance with STP wide IPOC •Revised STP wide IPOC to be ratified end of January 20 •Roll out plan for the new IPOC revised •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	Major (4)	Likely (4)	16	High	[Tear, Jamie Mr 16/01/20 10:39:03] Review of risk undertaken by Associate Chief Nurse on 15/1/20. - New STP wide IPOC to be ratified at Medical Records Management Committee on 24/2/20 - Old IPOCs will be removed from all clinical areas and new IPOCs rolled out during February - Ward based refresher training will be undertaken by the EoL Facilitator during mid-February, and induction training will also be revised - Comms plan being developed - Revised End of Life care strategy to be ratified at End of Life Steering Group on 24th January - Mini Quality Improvement project relating to End of Life care being undertaken as part of NHSI/QEH collaborative with final event to be held on 21/1/20. Current risk to remain graded at 16 until actions detailed above are completed.	Moderate (3)	Possible (3)	9	Moderate	15/02/2020
392	02/05/2006	Patient Risk (Quality)	Chief Operating Officer	25	Extreme / Very High	There is a direct risk to life and safety of patients, visitors and staff of the trust due to the potential of catastrophic failure of the roof structure due to structural deficiencies.	Pre-cast concrete construction of the building is 40 years old lifespan originally designed to last 25 years. The significant structure is showing signs of deterioration. 2016 - structural cracking found within 2 walls of the area surveyed	Potential risk to service delivery and safety of patients staff and public. 2016 survey report identifies further movement.	Additional monitoring has been implemented in key areas identified as weak points.	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Tear, Jamie Mr 09/01/20 11:19:12] Upon review at last trust board December 2019 decision was taken that this risk will remain rated at 20. [Tear, Jamie Mr 16/01/20 10:08:19] Further review by Chief Operating Officer, on 15/01/20, no significant change, therefore risk will remain graded at 20.	Major (4)	Rare (1)	4	Low	15/02/2020