ID	Opened	Service Line	Specialty/Dept	Handler	Manager (Executive lead)	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
2562	18/03/2019	Human Resources	Trust Wide	Castleton, Catherine	Castleton, Catherine	There is a risk that the Trust may be unable to establish and maintain an appropriate workforce to support the delivery of its objectives, with failures of: - Leadership - Engagement - Capacity - Capability	Ineffective leadership/management practices at all levels Inability to attract high calibre people Recruitment process fails to secure desired candidates Poor reputation West Norfolk not promoted effectively as a desirable place to live Agency cap impact on Trust's ability to secure high calibre temp. Medical staff Sub-optimal education / training / development offerings to recognised hi-potential staff Political developments erode pipeline of overseas appointments Poor recognition / reward practices Failure to 'listen' to and act on staff feedback	Impact of risk from BAF Risk 1 Risk to delivery of strategic objectives 1, 7, 8 and 9 Poor staff satisfaction feedback Inability to recruit/retain high calibre staff Resistance to change Increased turnover Low staff morale and motivation High sickness absence rates Sub-optimal skill mix / fill rates Errors and near-misses / safety concerns Undesirable behaviours Loss of credibility with HEE and other regulators and resulting sanctions Poor performance Poor adherence to standards Poor compliance with policy and procedures	29/07/2019 Overseas nurse recruitment first wave started 15/07/2019 Chief Nurse started in Post 19/06/2019 Deputy Chief Nurse started in Post. Chief Nurse appointed. Leadership events held. 16/05/2019 Radiographer and sonographer recruitment and Interviews have taken place offers being made to fill vacancies. Chief Nurse recruitment underway HR Director appointment from 20/05/2019 Workforce Strategy to support recruitment and retention. 18/03/19 - Active overseas recruitment for substantive nursing staff took place during April 2019, the recruitment team have made offers to 81 nurses to begin from June through to September. 05/02/19 – The trust staffing Template has been revised to indicate the percentage of agency staff on duty per ward per shift. This allows senior nurses to mitigate staffing on a shift by shift basis. Staffing is scrutinised at several points throughout the day and intensively at 11:00hrs, with at least ACN presence and all key decisions are logged. Proactive risk management for specific skills gaps and a staffing escalation policy which has been in place since September 2018, this allows a RAG rating of staffing (based on the assessed risk) with clear actions and mitigation to be taken as required. Continued use of agency and bank staff, the trust has links with agencies which have been strengthened and regular meetings are taking place with on contract agencies to support our ability to cover staffing shortfalls. Staffing levels are reviewed 3x day to mitigate risk as establishment allows. Voluntary services offer support where possible (support mealtimes). Carer/family support to support feeding where possible. Under-establishment Risk tolerated by escalation processes and matron oversight. RAG rated risk tool for staffing in place (with escalation policies). Revised home office processes to fast-track visas for skilled shortage occupations Recruitment budget in place and exploration of social media hubs to support advertising Undertaking "Grow your own" initiatives. Work with local council on recruitment initiatives. Work with local schools and colleges. Support local career events. Work in conjunction with RAF Marham to support staff recruitment. Regular reviews of staff welfare and OH services. Sickness and absence policy. Administrative support provided where possible. Ensure approach to non-clinical tasks does not constitute or perpetuate a perception of bullying culture by consistent demands for additional work, but supports functional job and time planning with staff to complete non-clinical tasks in a timely fashion. Some AHP groups working extended day programs to allow for evening appointments; Radiologists provide an in-patient and A&E emergency service for ultrasound. Previous employees have returned on either substantive or bank posts; including radiographers and 3rd year Student Radiographers offered B4 Bank posts to support the qualified staff HR exploring incentivising posts which has been done in the past e.g. support with relocation, accommodation costs and one-off payments Long term recruitment plan and strategy.	Major	Likely	16	High	[Rose, Mark Mr 05/08/19 14:15:27] Updated score in-line with BAF. General updated to mitigations.	Minor	Unlikely	4	Low	16/08/2019
2592	16/05/2019	Trust Wide	Trust Wide	FS2	FS2	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	•19/06/2019 Quality improvement Plan refreshed and re-issued. •Recruitment in Quality improvement team in place. •Quality Improvement methodology agreed and ACT Academy engaged. •QI trainers being identified across the trust. •New management template in place for managing serious incidents, including milestone reporting and twice weekly serious incident panels. •Incident management Policy with external consultants for review. •16/05/2019 Quality Improvement Plan being refreshed in light of regulatory notices; o S29A Maternity (Received 17th May 2018) – CQC Ref RGP1-5238502842 o S31 Maternity and Midwifery Service (Received 19th July 2018) – CQC Ref RGP1-5498803707 o S29A Medicine (Received 19th March 2019) – CQC Ref RGP1-6603634367 o S31 Urgent & Emergency / Gynaecology (Received 18th March 2019) - CQC Ref RGP1-6603634388 •See IPR - performance variable. Positive on Stroke and Diagnostics. Reducing DTOCs. •Response rates high compared to benchmarks. •Improvements reported on Maternity, DNACPR, Safe Staffing, winter, Safety Huddles, ED •Learning and Improving Methodology endorsed at Q&PC. •Serious Incident Submissions now on track. 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	Moderate	Almost Certain	15	High	[Rose, Mark Mr 05/08/19 14:18:58] Score updated in line with BAF	Major	Rare	4	Low	16/08/2019

2561	18/03/2019	Trust Wide	Trust Wide	Rose, Mr Mark	CS6	There is a risk that the Trust becomes unsustainable financially and/or clinically, due to failure to: - Deliver financially, at pace - Deliver productivity and efficiencies - Transform services for the benefit of our patients	Failure to develop effective strategic partnerships Political and regulatory influence/pressure Ineffective financial / activity / strategic planning Suboptimal efficiency and productivity Board failure to be entrepreneurial / nimble Board / Trust failure to engage positively with strategic partners Suggested service provision models fail to assimilate the Trust's geographical position and patient footprint QE failure to manage financial, quality and or operational performance delivery Failure to develop technologies and transformational service solutions Trust's financial and quality position make it a 'weak' partner	Poor STP 'deal' for Trust and its patients Some patients receive sub-optimal service offerings Loss of services - resulting in further erosion of Trust sustainability Loss of trust sovereignty and autonomy Reputational damage – trust identified as a technological 'laggard' Financial regulatory intervention - special measures	1. Long-Term Financial Model 2. Standing Financial Instructions and Policies 3. Systems and procedures 4. Annual Plan 5. Activity Plan 6. Capital and Revenue Budgets 7. Loan Agreement 8. Financial Recovery Plan 9. Productivity Plans 10. CIPs Programme 11. Contract and Contract management 12. Agency Caps 13. Control total and regulatory regime/support PRMs / QRMs 14. Finance Team 15. STP - N&W STP, Cambs and Lincs STPs 16. Acute Services Review 17. Clinical Strategy	Major	Almost Certain	20	Extreme / Very High	[Rose, Mark Mr 05/08/19 14:24:26] Scores updated in-line with BAF 3	Major	Unlikely	8	Moderate	16/08/2019
2560	04/03/2019	Trust Wide	Trust Wide	Berns, Mrs Nicola	FS2	Risk of harm coming to patients due to maladministration of prescribed oxygen.	15 Incidents connected to oxygen management in the year to date including one catastrophic incident and a number of near miss incidents. Design and human factors (as per national learning)	High potential for catastrophic outcome from adverse event	19/06/2019 SBAR and Stop-the –clock initiatives rolled out to urgent and emergency care areas Thematic review report received and finish group final report with actions and recommendations for learning for implementation, Including Oxygen Awareness week, planned for "care well" week during July 13/05/2019 Medical Gas committee reported; Purchase of new wire frames for use during transfer portable oximeters now procured Training review updated for non-substantive nursing staff thematic review showing eraly theme of rushed transfer "Stop the Clock" (Situational Awareness) campaign successfully mitigating SBAR now also in use in other areas including Emergency Department 23/04/19 Task and Finish Group held 19th March 2019 Oversight with Medical gases Committee to report into Clinical Governance Thematic review SI report in progress Additional portable oximeters purchased for use during transfers SBAR tool being piloted in Urgent care areas Patient Safety alerts Comprehensive training program Task and Finish group Policy and Procedures reviewed High risk patient transfer flow chart Restrictions on transfer of patients with High-Flow oxygen Staff briefings and OWL bulletins	Catastrophic	Likely	20	Extreme / Very High	[Rose, Mark Mr 05/08/19 14:28:48] Risk updated; for final actions to be implemented; assess following this, score unchanged until assessment is made.	Catastrophic	Rare	5	Low	16/08/2019
2563	19/03/2019	CBU 7	Accident & Emergency	Meddings, Mrs Julie	Mercer, Rebekah	Risk that patients may receive sub-optimal care or treatment in the medical, urgent and emergency care areas of the trust highlighted following a monitoring visit from the CQC during March 2019. There is a direct risk to delivering Strategic objectives 1, 2, 3, 6	16/05/2019 Additional Risks highlighted relating to ED: 2589 Lack of appropriate clinical space to manage paediatric mental health patients within the ED (16) 2588 Mrs Corwen Hull Lack of operational admin time and support to complete administrative tasks within the emergency department 09/05/2019 15 High Low 2587 The layout of where the Assessment Zones are located in relation to the emergency department (15) 2586 Lack of a 'Patient Navigator' role within the department which is required 24/7 (12) 2585 There is a risk of the IT systems within the A&E department (15) 2584 Lack of Internal Professional Standards within the emergency department (20) 2583 The general layout of the ED is not fit for purpose (20) 2582 There is inadequate space to maintain a line of space for patients who are "fit-to-sit" (12) 2581 There is a risk that patient's in ED are not being triaged within the 15 minute standards (20) 2580 Lack of appropriate clinical space to manage adult mental health patients within the ED (16) 2579 Trained paramedic staff currently working as part of the trained nursing establishment within the Emergency department (9) (BAF1)Failure to deliver care in line with fundamental standards by the staff working in the medical areas of the trust. (BAF2)Apathetic culture in leadership and engagement and acceptance of standards falling below expected level of fundamental standards Under investment in services. (BAF8)Operational pressure throughout winter months.	(BAF16)Patients have a sub-optimal experience of care delivered at QEH. (BAF17)Rise in patient complaints. (BAF19/20)Reputational risk from regulatory inspections and adverse media. (BAF24)Potential to perpetuate poor patient safety cultures amongst staff.	Daily Matron rounds of all clinical areas. Daily round by staffing matron of all clinical areas. Daily staffing huddles attended by matrons and ACN's where "Hot spots" of concern are discussed and mitigations put in place. Daily Multi-professional Safety Huddles to highlight patient safety issues Timely actions taken by Ward Manager and matron regarding Friends and Family Test concerns	Major	Almost Certain	20	Extreme / Very High	[Rose, Mark Mr 16/05/19 23:43:19] Multiple Risk Assessments now undertaken relating to Emergency Department, highlighting additional factors and risks. Added to contributory factors/Cause. No Change to score.	Minor	Unlikely	4	Low	14/06/2019
2593	16/05/2019	CBU 8	Radiology	Fleming, Sarah	Shekhar, Dr Raj	There is a risk of significant patient harm from inaction on radiology results; including incidental findings.	Failure to act or escalate on abnormal results. Administrative processing of results.	patients may have identified pathology which is left untreated. High risk due to nature of pathology likely to include malignant conditions.	20/08/2019 CT Results review now 60% complete work ongoing. 19/06/2019 Results audit is progressing well with initial pilot sample reporting no harms or adverse events identified. Methodology finalised to proceed to review CT records backdated 6 months Direct reporting routes from radiology to MDT's Alerts now in place for abnormal findings Trust is reviewing a sample of CT results for abnormal findings and evidence that appropriate action has been taken.	Catastrophic	Likely	20	Extreme / Very High	[Rose, Mark Mr 20/08/19 Risk updated with progress to date; For full audit, no change to current score	Major	Rare	4	Low	19/07/2019
2199	10/12/2015	CBU 7	Accident & Emergency	Hull, Mrs Corwen	JW4	There is a risk of the trust not meeting it's strategic objectives by not achieving the 4 hour waiting time target in the Accident and Emergency Department.	Delay in transfers of care. Limited number of discharges. GP refers to specialty.	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. RAP in place. Clear triage pathway. Daily dtoc. Patient flow program.	Moderate	Almost Certain	15	High	[Long, Ami Miss 31/07/19 12:34:23] This still remains within the ED. No changes.	Major	Possible	12	Moderate	31/08/2019

956	07/05/2013	Trust Wide		JW4	JW4	Risk to operational ability to meet constitutional standards of the 18 week Referral to Treatment (RTT) pathway and to treat patients in a timely way.	Theatre cancellations caused by both the unavailability of elective care beds for surgical patients and cancellation for pre assessment process issues and DNA's. Due to recent pressures upon the elective care pathways within the Trust as a result of an increased requirement to manage emergency patients. Lack of capacity in clinics.	Risk to trust of impact on BAF Risk 2 Risk to delivery of strategic objectives 1, 2, 3, 5, 7 Delayed time to treatment. Patient safety (see separate risk assessment) and Patient experience. Reputational risk to the Trust. Potential for further regulatory inspections if we do not recover the position.	23/04/19 SERU unit operation since March 2019 3.12.18 Collaboration with Independent Sector Providers to treat Trust patients (Sandringham BMI, Fitzwilliam (Peterborough) and also NWAFT for orthopaedic patients. High number of elective patients now convert to day case procedures. Proposal for a 23 hour stay unit to be submitted to mitigate against expected winter pressures on elective beds. Organisationally work is on-going to ensure that there are sufficient beds ring-fenced to enable patients listed for surgery to be managed in a clinically appropriate, patient centred way in line with the targets which are inherent within their 18 week pathway. This goal has been achieved for ~ 4 weeks, with all elective patients being brought in for their operations. Steps have been taken to mitigate the likelihood; the medical emergencies are now co-horted and not scattered across the surgical wards, Denver and Gayton wards are being utilised for surgical emergency patients. Elm ward is being utilised for surgical elective patients (ring fenced). Instigation of an outlier team to manage outliers effectively. 3.12.14 - decreased cancellation rate due to beds, improved forecasting and satisfactory initial feedback from IST. May 15 - Pre assessment process issues are a key part of the theatre transformation program and will be addressed through specific work streams. New booking process in DSU is having a positive impact on Day Surgery DNA rates.	Major	Likely	16	High	[Rose, Mark Mr 23/04/19 22:25:19] Patient Harm aspects in separate Risk register entry Risk No 2574	Major	Possible	12	Moderate	23/05/2019
2244	04/03/2016	Patient Experience	Trust Wide	Webb, Alison		There are insufficient community inpatient mental health beds to enable patients requiring inpatient assessment and treatment to be transferred in a timely fashion leading to extended stay with an acute provider (including 12 hour A&E Breach).	National reduction in mental health beds provision 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 requirements 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. Escalation to CCG on a regular basis.	Major	Likely	16	High	[Rose, Mark Mr 25/07/19 14:49:22] Risk Updated by AW and MR Thematic Review commissioned.	Moderate	Unlikely	6	Low	16/09/2019