ID	Opened	Service Line	Specialty/Dept	Handler	Manager (Executive lead)	Consequence (initial)	Likelihood (initial)	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
2306	20/12/2016	CBU 1	Main Theatres	Barker, Ms Elizabeth	Patel, Bharat	Moderate	Likely	12	Moderate	Cancellation of elective cases resulting in reduced income. Increase in serious incidents and never events due to lack of appropriate skills and pressure to carry out procedures. Poor patient experience and trust reputation. Increase in complaints and waiting times. Missed targets.	Not enough staff to provide safe cover to all the Main Theatres. Theatres are under-established; this was highlighted in a report from an independent company. Location- this does not attract experienced staff. lack of opportunity to develop and advance. Larger trusts offer more incentives and opportunities to staff. threat of loss of service- due to trust issues there has been an increase in the numbers of staff leaving due to the uncertainty of their jobs.	The theatre resource will not be fully utilised. On staff - accountability for their practice compromised. Stress increased due to unfamiliar work, surgeons and environment. Teamwork not cohesive as required. Exhaustion due to the increased amount of overtime required to meet the needs of the service. Increased sickness levels in the department. Medical staff stress increased due to working with unfamiliar staff that are not usually part of the team - this can in turn affect the care to the patient. Department- increased sickness absence levels, increased overtime cost, increase in incidents, lack of income due to decreased activity. Trust - Reputational and financial impact	Cover gaps in skill mix by offering overtime to staff with the skills needed. Last minute changes of individual staff members off-duty rota. Liaise with DSU to identify if any members of their staff have transferable skills to enable them to help main theatres. List cancellations.	Moderate	Almost Certain	15	High	[Malyon, Lisa 06/11/18 13:46:32] Business Case to be reviewed and resubmitted.	Moderate	Unlikely	6	Low	17/12/2018
2387	10/09/2017	CBU 1	Critical Care Complex	English, Natalie	Resoli, Mr David	Major	Likely	16	High	There is a risk of delayed admission to Critical Care due to Patients who's discharge from Critical Care which is delayed more than 4 hours Critical Care is not a suitable environment for patients who no longer need a higher level of care due to rehabilitation needs. Patients will potentially EMSA Breech resulting in financial penalty.	Lack of available ward beds to discharge to. Bed allocation not timely enough to achieve 4 hour discharge.	Potential patient harm caused by delay in admission to Critical Care due to lack of bed availability. EMSA breech weekly Delays reported externally	Potential discharges from Critical Care are Identified and communicated at earliest opportunity. EMSA breeches highlighted in ops centre Critical care escalation plans would be utilised to manage a patient outside of the Critical Care unit	Major	Likely	16	High	[Malyon, Lisa 06/11/18 13:48:51] Reports ongoing and reported at Critical Care governance meetings on a monthly basis.	Insignificant	Rare	1	Low	21/01/2019
2337	18/04/2017	CBU 4	Gynaecology	McPartlin, David	Resoli, Mr David	Major	Almost Certain	20	Extreme / Very High	Risk potential of loss of commissioned Antenatal screening service due to non-compliance with NHS Commissioned Antenatal screening program and non-compliant with RCR standards for Ultrasound screening. Mis-diagnosis, repeat scans, missing health records (scans) and poor outcomes/experience for patients attending Antenatal ultrasound screening and Gynae services. Trusts reputation risk.	Scan machines in Surgical Assessment Unit (SAU), North Cambs Clinic, Paediatric department and Brancaster clinic are not connect ed to the Trust PACS system. Scans performed on certain scan machines by O&G doctors are not recorded on any electronic forum and not formally reported and therefore when repeat scans are conducted there is not baseline to assess new scan against. Cranial Ultrasound done in Paediatrics - images are saved onto the machine but not downloaded onto PACS. Currently the still images are printed and a copy put into the handheld notes. Babies/Children that are transferred to another hospital, have to have the images copied or re-printed as they cannot be seen at the new hospital.	1. Non compliant with commissioning standard and RCR standards 2. Duplicate Scans 3. No formal reporting of scans and therefore no governance around the results/ outcome. 4. Repeat scans conducted in USS department have no benchmark to assess new scan against. 5. If a woman was to complain/legal action, the department would have no record of the scan being conducted (possibly hand written notes or pictures in notes if doctor has printed them, these pictures have no Pt ID on them and so cannot be related to the pt). 6. If a woman has been told an outcome of a scan verbally, that is later shown to be incorrect there is no way of reviewing the previous scan.	Rely on doctors making a written note in pts notes that a scan has been performed and the outcome.	Major	Likely	16	High	[Carney, Holly Mrs 03/01/19 10:13:47] Funding from NHS Improvement declined - currently sourcing alternative funding options. Target date reviewed in view of current status of financing. review 1 month	Major	Unlikely	8	Moderate	31/01/2019
2489	12/09/2018	CBU 4	Midwifery	Marshall, Mrs Karen		Major	Likely	16	High	The service is unable to meet nationally or locally agreed minimum safe staffing levels.	Historic vacancy factors resulting in inability to meet national safe staffing levels.	Inability to meet out training needs analysis due to clinical pressure. Inability to maintain workforce moral. Potential impact on the ability to provide safe care.	- Agency use to ensure compliance with safe staffing levels. - Full staffing review to be undertaken. - Robust recruitment plan and strategy. Escalation process: * Reallocation of available staff appropriately dependant upon clinical situation. * Daily Bed Manager in place to escalate up to the executive board following the twice daily Safety Huddles. * Escalation up through the Bed Manager to Matron and the executive board as required. * On call midwife brought in to work the full 12 hour night shift to support the service. * Matron on call implemented to support service. * Coordinators all advised to submit Datix in the event of compromised supernumerary status, so incident data can be collated to provide assurance.	Major	Likely	16	High	[Carney, Holly Mrs 03/01/19 10:17:50] Risk remains unchanged. Agency remain in use. Vacancies re-advertised on Trac. review 1 month	Insignificant	Rare	1	Low	31/01/2019
392	02/05/2006	Estates & Facilities	Estates Capital	Clingo, Iain	Jackson, Mr Roy	Catastrophic	Almost Certain	25	Extreme / Very High	Roof integrity - The Trusts clinical strategy identifies a number of schemes to progress service developments for a number of specialties. Currently the protection of the existing building is imperative to ensure the Trust can deliver the organisation's clinical strategy. Failure of the structure would not only impact service delivery as the Trust currently has no unutilised clinical space, but could result in injury/death, litigation and reputational loss.	Pre-cast concrete construction of the building is 36 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	Possible	15	High	[Carlton, Emma Mrs 02/01/19 09:48:46] Structural report received and SOP written - will be submitted to emergency planning group for ratification.	Major	Rare	4	Low	27/02/2019

1938	19/04/2018	Estates & Facilities	Estates Capital	Clingo, Iain	Jackson, Mr Roy	Catastrophic	Possible	15	High	The failure of multiple critical components of fire safety system due to historical building defects, presents a risk to life and infrastructure. 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. 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. The effect of this is that a fire may go undetected.	Original design and installation in the building. Compartment walls are not adequately fire proofed to current building regs and Fire code. Historical lack of planned maintenance & testing for fire dampers.	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.	Mandatory staff training annually for clinical and patient facing staff, includes evacuation and fire extinguisher training. Fire simulation exercise carried out 2015. 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. Awaiting an appointment of project manager. 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. £60k has been allocated in 2016 capital budget. 20% completion of testing and remedial work.	Catastrophic	Possible	15	High	[Carlton, Emma Mrs 21/11/18 14:01:59] Work continues on the L1 project - which remains slightly behind schedule. Concerns are being addressed as the project progresses - about to start work in the School of Nursing area. Fire AE consulted throughout the project in conjunction with contractors.	Catastrophic	Rare	5	Low	27/02/2019
2430	07/02/2018	Finance	Finance	Jackson, Mr Roy		Catastrophic	Possible	15	High	There is a risk to the availability of capital loan financing for 2018-19	1. The December 2016 year annual plan submission was: a)Inaccurate in regard to capital loan expectations being £0 for 2018-19 b)More realistic figures were presented in March 2017 planning resubmission in responding to central request to minimise capital loans, in 2017-18 schemes have slipped into 2018-19. There is now a consequential potential shortfall of circa 7M capital loan financing for 2018-19	1. The inability to address capital needs of the Trust to sustain day to day usual activities and regulatory requirements to improve certain plant and estate including high risk backlog maintenance.	Regulatory dialogue to authorise necessary capital loan finance through established financial procedures. While currently in technical breach having the perceived gap the Trust scale of gap coupled with not financing weigh towards the likelihood of a satisfactory resolution.	Catastrophic	Possible	15	High		Catastrophic	Unlikely	10	Moderate	30/03/2018
2343	02/05/2017	IM&T	ICT	West, Mr Mike	Johnson, Patrick	Major	Almost Certain	20	Extreme / Very High	Disruption to the delivery of services, loss of confidential information,detrimental effect on the Trust's reputation, financial impact.	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.	Major	Likely	16	High	[West, Mike Mr 12/12/18 11:01:43] Cyber technician still not in post as unable to find sutable candidate. Discusions ongoing with STP CIO regarding STP possibilities. ICT BAU staff currently attempting to deal with Trust's cyber action plan although other workload means this is mainly only critical items. recent paper to ED's outlined current cyber status and the urgent need for resources to mitigate the risk.	Major	Unlikely	8	Moderate	28/02/2018
2412	29/11/2017	Corporate Nursing	Trust Wide	Small, Amanda	Hardwick, Mrs Emma	Catastrophic	Possible	15	High	There is risk of harm to patients if medical equipment is used incorrectly by staff who are not trained or competent in its use.	Historically, it has been the responsibility of the department manager or delegated individual to record any medical devices training received in the local area on the medical devices excel spreadsheet located within the medical devices shared drive. Review of the spreadsheet demonstrates poor compliance with records being incomplete and not updated for several years.	Patient harm - if practitioners are using devices for which they have not been trained then there is a possibility of patient harm. No assurances for regulatory bodies that we have the governance structure in place to ensure practitioners are practicing safely.	Localised records held. Low level device training delivered by medical device trainer, recorded on ESR.	Catastrophic	Possible	15	High	[Rose, Mark Mr 03/12/18 15:41:58] Written to Amanda Small for an update.	Catastrophic	Rare	5	Low	27/07/2018
956	07/05/2013	Trust Wide		Wade, Mr Jonathan	Wade, Mr Jonathan	Major	Almost Certain	20	Extreme / Very High	Risk to patients suffering adverse effects owing to the failure to meet 18 week 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.	Complications for patients due to advancements of pre-existing clinical conditions. Delayed patient diagnosis. Delayed time to treatment. Patient safety and Patient experience. Reputational risk to the Trust. further regulatory inspections if we do not recover the position.	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. 3.12.18 Harm reviews to take place on all patients waiting over 40 weeks. 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.	Major	Likely	16	High	[Jones, Sarah Ms 03/12/18 10:24:00] Risk reviewed and updated	Major	Possible	12	Moderate	31/03/2019
2493	02/10/2018	Trust Wide		Newton, Miss Valerie	Hardwick, Mrs Emma	Major	Almost Certain	20	Extreme / Very High	Risks to be able to sustain safe, quality services in respect of Patient Safety and delivery of Effective Care, due to challenges to existing nursing vacancies. -There's an increased risk of harm to patients. - Potential for provision of sub-optimal care to patients - Potential for a poor patient experience -Potential negative impact upon staff - Potential impact upon flow and the ward's ability to discharge patients effectively and in a timely manner.	-Delays in appointing to posts from overseas recruitment. -Workforce supply unable to meet demand. -Financial restraints to support recruitment initiatives. -Recruitment challenges due to geographical location. -Affect of shortages on existing workforce - Existing workforce; increase in stress and sickness absence rates. Risk to Health and well being.	-Patient care may be compromised resulting in Harm suffered by the patient. -Poor quality of care/patient experience. Due to low staffing levels and gaps in skill matrix. -Increase in incidents being reported of varying severities. -Increase staff turnover due to high pressured working conditions. -Affect on non-clinical priorities: staff training, appraisals, incident reports and investigation, maintenance of policy and control documents, clinical guidelines etc	-Continued use of agency and bank staff. Staffing levels are reviewed 3x day to mitigate risk as establishment allows. Development of nursing associate role to support registered nurses in delivery of care. 6 monthly skill mix review. Establishment Nurses work overtime and additional hours/shifts. 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). Working with agency to support overseas recruitment. -Proactive risk management for specific skills gaps. -Revised home office processes to fast-track visas for skilled shortage occupations -Reviewing new roles within nursing. Implementing nursing associate role within trust. Work with trainee nurse through career workshops and recruit where possible from local universities and HEI's -Recruitment budget in place and exploration of social media hubs to support advertising -Work with local council on recruitment initiatives. Work with local schools and colleges. Undertaking "Grow your own" initiatives. 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.	Major	Almost Certain	20	Extreme / Very High	[Rose, Mark Mr 03/12/18 16:22:43] No Change	Major	Possible	12	Moderate	02/11/2018

2483	24/07/2018	Trust Wide		Lyons, Mr Nick	Resoli, Mr David	Major	Likely	16	High	Further regulatory notices from regulator (CQC) in relation to Section 31 notice resulting in reputational damage to organisation.	CQC Section 31 and Section 29A notices for Maternity / Obstetrics services.	Further regulatory notices which bring further scrutiny and further adverse publicity to the trust.	Corporate action plan to address concerns raised under section 29A and section 31 by CQC regulatory framework.	Major	Likely	16	High	[Rose, Mark Mr 03/12/18 16:10:10] CQC Action plan now in place. Maternity action plan now in place - review risk end Dec 2018	Major	Rare	4	Low	31/12/2018
2514	03/12/2018	Trust Wide		Notley, Louise		Major	Likely	16	High	Poor staff engagement which will impact on the Trust's ability to involve staff to effectively drive the quality improvements.	There is a lack of organisational vision and organisational development strategy. Staff morale is low and do not feel they are listened too. As a consequence staff aspirations are low and there is a lack of ownership.	1. Failure to deliver the required improvements to services, environment and or workforce. 2. Failure to deliver the require QI. 3. Failure to deliver cultural transformation. 4. Trust will remain non-compliant with its regulatory duties. 5. Poor retention of high calibre staff.	a robust and inclusive OD and QIP Comms strategy are to be developed and implemented.	Major	Likely	16	High		Major	Unlikely	8	Moderate	11/01/2019