ID	Opened	Risk Type	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	People	Chief Nurse	There is a risk that the Trust may be unable to establish and maintain an appropriate workforce to support the delivery of its objectives. Continuation of the high vacancy levels, difficult recruitment market and low retention rates will lead to inconsistent and sub-optimal care to patients.	Market Forces versus the rest of the UK Difficult to attract high calibre people Recruitment process fails to secure desired candidates Poor reputation 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	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	November 2019 Staff Awards held. Engagement work beginning following appointment of Deputy Chief Executive officer. Further overseas nursing staff began in post. October 2019 New Trust recruitment campaign as per plan September 2019 Staff Awards open for nomination August 2019 New divisional structure in place; QSIR Training provided July 2019 Establishments agreed 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. Workforce Strategy to support recruitment and retention. 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).	Major (4)	Likely (4)	16	High	[Rose, Mark Mr 19/11/2019] Risk Reviewed by Deputy Director of human Resources, controls updated, no change to overall rating	Minor (2)	Unlikely (2)	4	Low	20/12/2019
2514	03/12/2018	People	Chief Nurse	There is a risk that staff engagement does not improve which will impact the Trust's ability to deliver the Integrated Quality Improvement Plan.	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.	November 2019 Staff Awards held. Engagement work beginning following appointment of Deputy Chief Executive officer. A robust and inclusive OD and QIP Comms strategy are to be developed and implemented.	Major (4)	Likely (4)	16	High	[Rose, Mark Mr 19/11/2019] Risk Reviewed by Deputy Director of human Resources, controls updated, no change to overall rating. Risk Handler transferred to Deputy Chief Executive Officer.	Major (4)	Unlikely (2)	8	Moderate	15/11/2019
2640	01/08/2019	People	Chief Nurse	Risk to trusts ability to provide required capacity for transfusion services due to depleted 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	Major (4)	Likely (4)	16	High	[Hall, Kelly 05/11/19 12:42:40] Recovery trajectory underway and process reviews.	Major (4)	Rare (1)	4	Low	29/11/2019
2592	16/05/2019	Quality	Medical Director	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 •IP&C Interim appointment; improvements against action plan •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 •EPR - 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)	Almost Certain (5)	20	Extreme / Very High	[Rose, Mark Mr 19/11/19] Risk reviewed, controls updated. No change to current scoring	Major (4)	Rare (1)	4	Low	20/12/2019

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392	02/05/2006	Quality	Chief Operating Officer	There is a direct risk to life and safety of patients, visitors and staff of the trust due to the high potential of catastrophic failure of the roof structure due to structural deficiencies.	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.	Papers written and shared with Emergency planning, H&S, and risk committees. Structural advice obtained and working with other Best Buy Trusts and NHSi on additional surveying and mitigation. Additional monitoring has been implemented in key areas identified as weak points.	Catastrophic (5)	Likely (4)	20	Extreme / Very High	[Carlton, Emma Mrs 19/11/19 09:56:39] Reviewed and remains at new score. Papers written and shared with Emergency planning, H&S, and risk committees. Structural advice obtained and working with other Best Buy Trusts and NHSi on additional surveying and mitigation.	Major (4)	Rare (1)	4	Low	31/01/2020
2244	04/03/2016	Quality	Chief Operating Officer	There is a Lack of Actual and potential 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 - Actual and potential).	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 (4)	Likely (4)	16	High	[Webb, Alison 14/11/19 16:42:18] Risk reviewed - There are no changes to the current specialist Mental Health inpatient bed availability locally and specialist beds are still being sourced and allocated to patients out of area.	Moderate (3)	Unlikely (2)	6	Low	14/02/2020
2642	10/09/2019	Quality	Medical Director	The risk of medical inpatients coming to harm as a result of their placement within the hospital. (Medical Outliers)	Medical patients located onto surgical wards due to capacity issues within the medical ward areas. Medical doctors do not see patients consistently or regularly when they are outliers on surgical wards.	Medical inpatients do not receive the expected standard of care within the organisation.	Patient Flow Manager now appointed. "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."	Major (4)	Likely (4)	16	High	[Rose, Mark Mr 19/11/2019] Consistent Flow and capacity pressures, Risk mitigated where possible. Currently No change to risk due to winter pressures.	Minor (2)	Unlikely (2)	4	Low	20/12/2019
2643	16/09/2019	Quality	Medical Director	Risk of patients unable to access safe and effective diagnostic imaging at the trust to service level standards across a seven day service due to establishment vacancies, turnover within 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. Responsiveness of service to incidents and serious incidents.	7 day operational services not routine. Frequent breaches of the 6 week diagnostic standard. Limited access to 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 but it is likely that investment will be required to address this risk. Radiologists - posts filled, however some are new to Consultant role or are in speciality doctor posts Sub-contracted radiology services (Everlight). Use of agency radiography staff. Interim Manager completing Business Case relating to overseas recruitment.	Major (4)	Likely (4)	16	High	[Abbott, Adele Mrs 15/11/19 14:53:23] Risk Reviewed Current state within Radiology: Sonographers - Current Lead is "Acting" since previous Lead Sonographer retired in Jan 2019. 3 WTE vacancies with a further 1 WTE due to retire Dec 19 and Return Feb 19 as .4 WTE. 2 Sonographers (in established posts)are in training. CT/MRI Radiographers up to established strength Sept 19 - however 3 staff are still in training. 1 Agency Radiographer also in place undertaking additional evening lists 2 days per week. Plain film Radiographers - 5 WTE vacancies in current establishment. Posts to be advertised with a view to attracting Students who will qualify in June 2020. Radiographers all hold "Bank" contracts to facilitate OOH provision - this stems from the AfC on-call reviews and the Trust remit to remove on-call; Radiographers frequently work 50 hours + per week	Moderate (3)	Rare (1)	3	Low	23/12/2019
2583	09/05/2019	Finance/Estates	Finance/Estates Officer	There is a risk that the Trust will not secure capital funding due to limited national capital, STP and Regional prioritisation to improve the layout of the ED which is not fit for purpose leading to continued delivery of sub-optimal care to patients.	Limitations of the hospital / estate. No capacity to increase the size of the department. Financial limitations. There has been talks to develop the non-clinical areas which surround the ED to be developed into clinical area, however this has not been implemented or acted upon.	Poor patient experience. Increased stress levels of staff who work within the ED. Staff safety is compromised. Lone working. Lack of sight of the waiting room. There is no clinical space within the department to meet the HPN22 regulations.	Staffing allocated to individual modules.	Moderate (3)	Almost Certain (5)	15	High	[Hall, Kelly 05/11/19 12:58:40] Works commenced in department – will re-review risk when completed. Estates plan in place.	Major (4)	Rare (1)	4	Low	31/12/2019
2199	10/12/2015	Quality	Chief Operating Officer	Risk to patients having 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.	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 (3)	Almost Certain (5)	15	High	[Hall, Kelly 05/11/19 12:48:08] Engaging with 20/20 trust wide work. Estates work underway.	Moderate (3)	Possible (3)	9	Moderate	29/11/2019

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2634	27/08/2019	Quality	Chief Operating Officer	Patients are at risk of not receiving timely cancer treatment; delays may cause avoidable death or harm from progressive disease, shortened life expectancy or prolonged pain due to the trust not achieving NHS Cancer waiting times.	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 process in place. Weekly PTL and escalation meeting to DLT Recovery trajectory produced for each cancer site.	Catastrophic (5)	Possible (3)	15	High	[Hodges, Miss Emily 19/11/19] Controls Updated; No change to current scoring	Minor (2)	Possible (3)	6	Low	31/01/2019
2553	15/02/2019	Process	Director	There is a risk that the Trust's ineffective governance structures will lead to poor decision making and potentially poor patient care	Arrangements for governance and performance management do not operate effectively and new Divisional Structure needs to become embedded within the organisation.	Sub-optimal care, increasing risk	Interim Director of Patient Safety appointed November 2019. Governance structure in transisiton following review.	Moderate (3)	(5)	15	High	[Rose, Mark Mr 19/11/19] Controls updated. Current Risk score remains unchanged.Target score updated.	Moderate (3)	Unlikely (2)	6	Low	15/11/2019
2585	09/05/2019	Finance/Estates	Finance/Estates Officer	All ED documentation is based on an electronic system, this includes all test results. The system remains slow and multiple logins are required for different systems. There is a risk that wrong information can be transcribed.	Lack of funding, lack of strategic planning and no IT strategy.	Insufficient working. Patient safety is compromised. Potential delays in receiving results and reports.	Individual logins as opposed to general logins.	Moderate (3) Almost Certain	(5)	15	High	[Hall, Kelly 05/11/19 13:01:18] IT plans in place. Computer replacement plan.	Moderate (3)	Rare (1)	3	Low	29/11/2019
2483	24/07/2018	Corporate/Process	Medical Director	The a risk of reputational damage to the trust if regulatory notices from the regulator (CQC) of Section 31 and section 29A notices are not removed or acted on effectively.	CQC Section 31 and Section 29A notices received.	Further regulatory notices which bring further scrutiny and further adverse publicity to the trust.	October 2019: IQIP Now in place, regular PRM 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 CNOG which reports to HMBQ. 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	[Notley, Louise 19/11/19] Risk continues to be monitored via established IQIP governance structure.	Major (4)	Rare (1)	4	Low	22/11/2019
2343	02/05/2017	es	Operating	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.	Risk Control information restricted to private board	(5)	Possible (3)	15	High	[Rose, Mark Mr 31/10/19 19:17:48] Risk Managers updated	Major (4)	Unlikely (2)	8	Moderate	31/12/2019
1938	19/04/2018	Finance/Estates	Chief Operating Officer	There is a risk to life and infrastructure due to the high 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. The effect of this is that a fire may go undetected.	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. 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 (5)	Possible (3)	15	High	[Carlton, Emma Mrs 19/11/19 09:54:19] Reviewed and remains - work progressing on the L1 systems with locations in A&E due to be commissioned in November 2019.	Catastrophic (5)	Rare (1)	5	Low	31/01/2020
2625	06/08/2019	Corporate/Process	Chief Nurse	There is a risk of loss of pathology archive data due to the technical support for ICNet ending in June 2019. Transfer of pathology data from Micro-laboratory services at tertiary centres is reliant on this link being effectively maintained.	Technical support for ICNet Service ended in June 2019. Requires renewal to new versions of ICNet. Issue affecting NNUH system also.	Patients & staff in the Trust. ICNet is our results & electronic storage system. If the system crashes we are likely to lose the information stored on it & the Microbiology Laboratory at NNUH will not be able to send results through to the Trust electronically.	Continue to use the current version of ICNet until it is updated or replaced. Manually checking all microbiological and virology results if in case ICNet is down. Recovery response is to contact the business intelligence developer if faults occur, however this is not a sustainable mitigation due to age of the software. There is a business case which is being drafted to upgrade the current version of ICNet	Major (4)	Likely (4)	16	High	[Rose, Mark Mr 11/11/19] Reviewed with Deputy Chief Nurse, additional controls and mitigations updated. Risk affecting other trusts. No change to scoring currently.	Major (4)	Rare (1)	4	Low	01/11/2019

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2594	23/05/2019	Finance/Estates	Chief Operating Officer	There is a risk that 7 beds within Central delivery suite will be declared no longer fit for purpose due to their age, limited availability of replacement parts and rusting areas on all beds that hinder cleaning processes.	The delivery beds within Central Delivery Suite are part of an aging bed fleet belonging to the Trust. There are 7 beds – manufactured by either Huntleigh or Hill-Rom. Also risk of body fluid ingress into the Huntleigh mattresses due to wear and tear.	• 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	Major (4)	Likely (4)	16	High	[Carney, Holly Mrs 30/10/19 14:13:58] Further review of delivery bed standard undertaken by Inpatient Matron, Delivery Suite Coordinator and Housekeeper. Further deterioration noted and therefore risk escalated to 16.	Minor (2)	Unlikely (2)	4	Low	30/11/2019