ID	Opened	Risk Type	Division	Handler	Manager (Divisional lead)	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)
2592	16/05/2019	Quality	Trust Wide	Swords, Frankie	Swords, Frankie	Swords, Frankie	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	Major	Almost Certain	20	Extreme / Very High	[Rose, Mark Mr 09/10/19 09:29:38] Instruction via Risk committee 08/10/19; Merge with Risk 2563 - Rescored to Major (4) x Almost Certain (5)	Major	Rare	4	Low
2244	04/03/2016	Quality	Trust Wide	Webb, Alison	Smith, Denise	Smith, Denise	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	Likely	16	High	[Rose, Mark Mr 09/10/19 11:15:36] Risk description updated following Risk committee 08/10/19	Moderate	Unlikely	6	Low

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2642	10/09/2019	Quality	Medicine	McGuire, Mrs Karen	Redwood, Nick	Smith, Denise	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.	"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	Likely	16	High	Patient Flow Manager now appointed.	Minor	Unlikely	4	Low
2643	16/09/2019	Quality	Clinical Support Services	Abbott, Mrs Adele	Berns, Mrs Nicola	Swords, Frankie	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 and cultural issues within diagnostic imaging.	Capacity of radiology services. Specifically vacancies in Radiologists (See Risk 2352), Radiographers (See risk 2273)and Sonographers (See risk 1750).	7 day operational services not routine. Frequent breaches of the 6 week diagnostic standard. Limited access to high quality diagnostic imaging services (CT Scan) could lead to further delays in patients pathways, particularly on RTT waiting times (Risk 956) and 2ww cancer pathways (Risk 2621). Access to ultrasound services for maternity patients requiring GROW scans (Risk 1750). Risk to patient safety if inadequate cover during out of hours services.	Sub-contracted radiology services (Everlight). Use of agency radiography staff.	Major	Likely	16	High	[Rose, Mark Mr 21/10/19 14:05:21] Risk re-aligned to be informed by underpinning risks 1750, 2273 & 2352 which are workforce risks for divisional management. As requested by Risk committee.	Moderate	Rare	3	Low
2622	31/07/2019	Corporate / Process	Trust Wide	Tabay, Edmund	Mcmanus, Libby	McManus, Libby	Trust rated 'Red' following NHSi/E and CCG inspection due to: IPC structure and vacancies, Action Plan not detailed enough and progress slow.	IP&C Lead leaving the Trust.	This has impacted on the detail of the current action plan and progression of those actions. The action plan is currently a standing agenda item on Quality and Performance, and assurance paper to Clinical Governance.	Decisions being made by the Executive Team regarding filling the IP&C Lead post in the interim before recruiting successfully.	Major	Likely	16	High		Major	Rare	4	Low
2583	09/05/2019	Finance / Estates	Accident & Emergency	Hull, Mrs Corwen	Sanford, Liz	Smith, Denise	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	Almost Certain	15	High	[MacDuff, Miss Olivia - Unit Manager - CBU7 22/10/2019 17:50:08] Phase 1a of building work complete, 3 new rooms in GP waiting area. 1b is in progress. Notification received that project currently 6 weeks behind original schedule.	Major	Rare	4	Low

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2199	10/12/2015	Quality	Medicine	Hull, Mrs Corwen	Jones, Ms Sarah	Smith, Denise	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	Almost Certain	15	High	[MacDuff, Olivia Miss 30/08/19 11:41:30] The risk remains the same. Work continues with 2020 support, it is anticipated that this will have an impact but projects are yet to be fully implemented.	Moderate	Possible	9	Moderate
2576	03/05/2019	Quality	Medicine	Felix, Pancras	Redwood, Nick	Swords, Frankie	Risk of serious harm to patients requiring temporary pacing out of hours due to a lack of out of hours on-call Cardiology cover with no formal arrangement currently in place.	Insufficient numbers of cardiology consultants to enable the delivery of a sustainable rota.	Could lead to severe adverse event and effect on patients well being in the event that patient is unable to transfer to Papworth. Potential litigation against the trust due to poor outcome.	There is currently an informal arrangement with one local consultant and advice via the on-call at Papworth.	Catastrophic	Possible	15	High	[Rose, Mark Mr 09/10/19 11:36:55] recommended for review by Risk committee - ?Evidence that mitigations are working and reducing risk - re assess likelihood.	Catastrophic	Rare	5	Low
2610	18/07/2019	Quality	Trust Wide	Afonso, Mrs Tania	Tabay, Edmund	McManus, Libby	There is a risk of patients in the High Dependency Unit (HDU) and the Stroke unit being placed and cared for next to a patient of the opposite sex (EMSA Breach).	Lack of appropriate beds and high admissions rate for the department.	Dignity of the patient is affected sharing a room with patients of the opposite sex.	Datix is completed when EMSA breach occurs. Patient's moved out of HDU as soon as possible.	Moderate	Almost Certain	15	High	[Rose, Mark Mr 09/10/19 11:58:19] Updated to include Stroke Unit as per Risk committee recommendation 08/10/19	Moderate	Unlikely	6	Low
2634	27/08/2019	Quality	Surgery	Patel, Bharat	Patel, Bharat	Smith, Denise	Patients are at risk of not receiving appropriate/timely cancer treatment; delays may cause avoidable death or serious harm, 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.		0	Moderate	Almost Certain	15	High	[Rose, Mark Mr 09/10/19 09:46:29] As per instruction of Risk committee 08/10/2019; merged with Risk No 2621	Minor	Possible	6	Low
2553	15/02/2019	Corporate / Process	Trust Wide	Swords, Frankie	Swords, Frankie	Swords, Frankie	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	Governance structure is in place but requires review	Moderate	Almost Certain	15	High	[Rose, Mark Mr 09/10/19 11:19:51] Target score updated following Risk committee 08/10/19	Moderate	Unlikely	6	Low
2585	09/05/2019	Finance / Estates	Accident & Emergency	Hull, Mrs Corwen	Leighton-davies, Nicola	Smith, Denise	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	Almost Certain	15	High	[MacDuff, Miss Olivia - Unit Manager - CBU7 22/10/2019 18:02:48] Approval given for 10 new computers in ED, awaiting arrival of computers. Mariza Wilson chased for update.	Moderate	Rare	3	Low

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2562	18/03/2019	People	Trust Wide	Castleton, Catherine	Castleton, Catherine	McManus, Libby	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 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	October 2017 New Trust recruitment campaign as per plan, September 2017 Staff Awards open for nomination August 2017 New divisional structure in place; QSIR Training provided July 2017 Establishments agreed29/07/2019 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 & sonographer recruitment and Interviews taken place, offers 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 -overseas recruitment for substantive nursing staff took place April 2019, recruitment team made offers to 81 nurses to begin from June - Sept. 05/02/19 – trust staffing Template revised to indicate the % of agency staff on duty per ward/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 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 strengthened links with agencies and regular meetings taking place with 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 returned on substantive / bank posts; including radiographers and 3rd year Student Radiographers offered B4 Bank posts to support the qualified staff HR exploring incentivising posts e.g. support with relocation, accommodation costs and one-off payments Long term recruitment plan and strategy.	Major	Likely	16	High	[Rose, Mark Mr 21/10/19 20:18:01] Risk Reviewed, updated in line with Risk 2493 merged into record as per instruction of risk committee. Updated in line with BAF	Minor	Unlikely	4	Low
2514	03/12/2018	People	Trust Wide	Castleton, Catherine	Castleton, Catherine	McManus, Libby	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.	a robust and inclusive OD and QIP Comms strategy are to be developed and implemented.	Major	Likely	16	High		Major	Unlikely	8	Moderate
2483	24/07/2018	Corporate / Process	Trust Wide	Swords, Frankie	Swords, Frankie	Swords, Frankie	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.	Corporate action plan to address concerns raised under section 29A and section 31 by CQC regulatory framework.	Major	Likely	16	High	[Rose, Mark Mr 22/10/19 11:41:01] Risk rearticulated. IQIP Now in place, regular PRM taking place.	Major	Rare	4	Low
								Failure to develop effective strategic partnerships Political and regulatory influence/pressure	Poor STP 'deal' for Trust and its patients	1. Long-Term Financial Model 2. Standing Financial Instructions and Policies 3. Systems and procedures									

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2561	18/03/2019	Finance / Estates	Trust Wide	Sanford, Liz	Sanford, Liz		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	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	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	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	Moderate	Almost Certain	15	High	[Rose, Mark Mr 09/09/19 18:50:44] Score reflected in line with current BAF report (15)	Moderate	Unlikely	6	Low
2343	02/05/2017	Finance / Estates	ICT	West, Mr Mike		Smith, Denise	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	Possible	15	High	[West, Mike Mr 15/10/19 17:07:27] Cyber technicina in post from summer 2019. Progress has been made on the cyber plan however considerable work still exists including technical, governance and ownnership actions.Aim is to achieve Cyber Essentials plus by June 2021 and meet all requirements of DSP toolkit.	Major	Unlikely	8	Moderate
1938	19/04/2018	Finance / Estates	Estates Capital	Clingo, Iain	Hinitt, Ian	Smith, Denise	Risk to life due to the high potential failure of multiple critical components of 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. Historical lack of planned maintenance & testing for fire dampers. 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.	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	Possible	15	High	[Carlton, Emma Mrs 17/10/19 08:46:53] Risk reviewed - the existing system is still in operation whilst the work progresses on the new system - which is running according to schedule. L1 project was value engineers so there will be further costs as the project progresses.	Catastrophic	Rare	5	Low