ID	Opened	Service Line	Specialty/Dept	Handler	Manager (Executive	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
956	07/05/2013	Surgery 2	General Surgery	Moore, Mrs Ciara	Moore, Mrs Ciara	Major	Almost Certain	20	Extreme / Very High	Failure to meet 18 week pathway and loss of income.	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.	Delayed patient diagnosis. Delayed time to treatment. Patient safety and Patient experience. Reputational risk to the Trust. 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.	Major	Likely	16	High	[Malyon, Lisa 24/01/18 12:14:55] We think it's almost certain due to number of cancellations over the Winter period.	Major	Possible	12	Moderate	28/02/2018
1025	24/11/2014	Corporate Nursing	Trust Wide	Newton, Valerie	Hardwick, Mrs Emma	Major	Likely	16	High	Risk of ability to sustain safe, quality services for inpatients due to significant challenges to recruit and retain nurses (registered) especially in medicine and senior leadership posts.	Inability to recruit and retain sufficient staff to maintain fill rates to enhanced funded establishments particulalry in adult in patient wards and ED	Poor quality of care/patinet experience for patients Incresae staff turnover due to high pressured working conditions	International recruitment to support uplift in skill mix. Secondment's to leadership post to support whilst recruitment takes place. Staff moves managed daily from areas with staffing to support medicine. Sustainable nurse program. International recruitment campaign. Local recruitment campaign. Grow your own - nurse apprenticeship scheme.	Major	Likely	16	High	[Hardwick, Emma Mrs 27/09/17 10:56:00] Risk rating revised and increased to high risk due to the current challenges with the availability of RN	Major	Unlikely	8	Moderate	31/10/2017
1038	28/11/2014	Med 1	General Medicine	Evans, Andy	Kent, Mrs Claire	Major	Likely	16	High	Failure to substantively fill nursing posts (funded within the establishment) within the clinical rotas could lead to the provision of sub-optimal patient care.	Significant work has been done to recognise the clinical workforce requirements of the Division with nursing skill mix reviews but difficulties have arisen in recruiting substantively to vacant posts.	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.	Trust wide work has been undertaken in relation to reviewing the nursing establishment / skill mix of all wards and a corporate commitment has been made to augment the nursing levels within Medical Wards. Recruitment is on-going, including on an international basis. Ward staffing levels are reviewed on a daily basis by the senior nurse team and staff are moved as appropriate in order to ensure that each ward is effectively staffed based on the acuity of their patients. Vacancies are filled using bank / agency staff NB the average fill rate for Registered Nurses is 40%. Working Medical matrons one day per week clinically PDNs working one day a week clinically. Looking into feasibility of placing nurse specialists in clinical areas for a day a week. Reviewing all nurses in non-clinical jobs to see if they could offer any hours.	Major	Likely	16	High	[Mokate, Deborah Mrs 20/03/18 14:37:55] Discussed at Div board. Risk remains the same, agreed to leave the risk rating as Major/likely 4*4=16	Major	Unlikely	8	Moderate	28/03/2018

1750	13/04/2015	Cancer, Diagnostics and Therapies	Radiology	Garner, Mrs Ann	Evans, Andy	Major	Likely	16	High	Risk of not having sufficient ultrasound capacity.	Inability to recruit (National Shortage of Sonographers); inability to train for succession planning quickly; lead time of 12 - 18 months for independent scanning; shortage of Consultant Radiologists.	6 week diagnostic breaches and poor patient experience and diagnostic fines by CCG ; Breach of AQP contract and fines by CCG. Risk of losing National UKAS Accreditation which could further impact the service through loss of commissioning contracts and a failure to attract sufficiently qualified staff to the department. Inability to expand and support EPAU and Obs & Gynae.	Sonographers work an extended day to allow for evening appointments; Radiologist provide an in-patient and A&E emergency service for ultrasound. An existing Band 5 Radiographer will commence training in ultrasound in January 2015 but will maintain a commitment to participate in weekend working for main department.	Major	Likely	16	High	[Abbott, Adele Mrs 07/02/18 14:23:41] Risk score increased due to 1 WTE Sonographer leaving Trust and 1 WTE reducing hours; lack of Consultant Radioligst has ssen decrease in n umber of Radiolligst US lists during normal working day. Divisional Director has been e-mailed requesting an urgent meeting for guidance to the Sonographer team on prioritising the demand. Sonographers have worked additional lists throughout the last 7 months but this has still resulted in breaches and the reduction in team capacity means that unless controls are in place the number of breaches will increase.	Major	Rare	4	Low	27/04/2018
2199	10/12/2015	Med 2	Accident & Emergency	Hull, Mrs Corwen	Moore, Mrs Ciara	Major	Likely	16	High	There is a risk that the trust will fail to achieve Trust wide 4 hour standard target.	Delay in transfers of care Limited number of discharges Inappropriate ED attendances	Poor patient experience Potential reputational damage Financial penalties	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.	Major	Likely	16	High	[Tear, Jamie Mr 28/02/18 13:14:24] Updated of behalf of Claire Kent 26.02.18 the trust began using the ambulance hand over delay protocol to support timely turn around of patients in the emergency department and thus support adherence to the 4 hour target.	Major	Possible	12	Moderate	28/03/2018
2273	11/07/2016	Cancer, Diagnostics and Therapies	Radiology	Garner, Mrs Ann	Evans, Andy	Major	Possible	12	Moderate	Failure to deliver Radiology services at their current levels due to difficulties with recruiting suitably qualified staff. This includes the following specialties - CT, MRI, Nuclear Medicine and General Radiography. This will also impact on the OOH 24/7 service within CT and General Radiography, with particular regard to the weekend service.There is a risk that the current provision for X-Ray, fluoroscopy from midnight Friday to midnight Sunday will collapse. Two week targets will be compromised. Delays to imaging primary referrals, in-patients, out-patients and ED leading to delayed diagnosis, treatment and discharge. Poor patient experience.	Nationwide move to 24/7 rolling shift patterns has increased the number of vacancies, which has not been in keeping with the number of Radiographers being trained. Inability to recruit to advertised posts.	Two week targets will be compromised. Delays to imaging primary referrals, in-patients, out-patients and ED leading to delayed diagnosis, treatment and discharge. Poor patient experience. All weekend work is imposed "Bank" in addition to the Radiographer substantive contract without which there would be no Radiology service. A full-time Radiographer is expected to work around 24-36 hours extra over and above their contracted hours to provide weekend cover - roughly 2-3 weekend shifts per month. There is insufficient staffing to enable a rolling shift pattern. potential for sickness levels to increase within the remaining workforce in their efforts to cover all duties. Risk of losing national accreditation (UKAS ISAS) if we are unable to maintain and deliver the service. This would affect: breach of A&E Waiting Time	1. There have been at least 3 attempts in the last 6/12 to recruit through NHS jobs to B5 and B6 posts but these have had a poor return. 2. The B6 post has been offered as a finacnially supported B5 - B6 training post 3. Recruitment issues discussed with HR with agreement to investigate recruiting through an agency to substantive and/or locum posts 4. HR to approach previous employees to see if they would consider returning on either substantive or bank posts. 5. Interviewing Fri 15.7.16 for a substantive B5 post. 6. 1 x 0.6 WTE who is retiring has agreed to return for a minimal number of sessions on a Bank contract. 7. 3rd year Student Radiographers to be offered B4 Bank posts to support the qualified staff 8. Discussions with HR re incentivising posts which has been done in the past e.g. support with relocation, accommodation costs and one-off payments	Major	Likely	16	High	[Abbott, Adele Mrs 07/02/18 15:17:04] Radiographer establishment remains challenging = 2 WTE left Trust Feb 18 - B7 Reporting Radiographer and B7 Sonographer - while we have staff training in these areas this is limited as there is no backfill available. 3 x WTE B5 advertised - extended to 21.2.18; B7 Reporting Radiographer on TRAC; B& Sonographer to go on TRAC; interview for B6/7 NM on 8.2.18. Working with DD, COO and DoN to provide information to Board to justify investment in Radiographer establishment. Current establishment not sufficient to provide 7 day working - all weekend work is enforced "bank" - this is vulnerabole and Radiogrpahers are having to work up to 3 in every 4 weekends to maintain service. Sonographersa er having to put on additional lists to avoid breaches but with reduction in team and increased demand these are likely to increase and this is also not sustainable. Not enough in establishment to provide 4 Radiographers to theatre - to match the number of Imaging Intensifiers. [Mokate, Deborah Mrs 17/01/18 14:18:03] Discussion continue with Chief Nurse.	Major	Unlikely	8	Moderate	27/04/2018

									Poor patient experience. potential for sickness levels to increase within the remaining workforce in their efforts to cover all duties. Risk of losing national accreditation (UKAS ISAS) if we are unable to maintain and deliver the service.		Targets, delayed diagnostics for Ward patients and delayed surgery which could lead to delayed discharge. If there was no CT Radiographer available for a weekend shift, as almost occurred on 31.12.17 and 10.02.18 (due to staff sickness) then the Trust would effectively have had to close - there would have been no stroke service / trauma service etc - patients would have to have been redirected to neighbouring trusts.					[Mokate, Deborah Mrs 12/03/18 08:43:34] discussed risk rating with Adele Abbott. Risk rating has been increased due to potential unsustainable radiology service from 1st June 2018 due to insufficient radiographers who are no longer able to sustain cover over and above their contracted full time posts. See previous entry below.					
2337	18/04/2017	Women & Children Services Group	Gynaecology	Deacon, Mrs Lesley	Deacon, Mrs Lesley	Major	Almost Certain	20	Extreme / Very High	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.	Scan machines in Surgical Assessment Unit (SAU), North Cambs Clinic, Paediatric department and Brancaster clinic are not connect ed to the Trust PACS system.	1. Duplicate Scans 2. No formal reporting of scans and therefore no governance around the results/ outcome. 3. Repeat scans conducted in USS department have no benchmark to assess new scan against. 4. 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). 5. 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	[Deacon, Lesley Mrs 28/02/18 09:07:48] Jan/Feb 2018 - Action Plan Updated	Major	Unlikely	8	Moderate	31/05/2018
2338	20/04/2017	Surgery 1	Day Surgery	Calton, Julie		Moderate	Possible	9	Moderate	The treatment room temperature is not able to be controlled. As a consequence of the effect of the level of equipment used and personal protection required, the temperature control is poor. There is a risk to staff health and safety of working in this environment.	The size of the room, the increased level of equipment required to carry out certain procedures. No air conditioning. The design of the room being changed from storage to a treatment room.	Increased risk of incident due to staff being too hot.	Fans are used whenever possible. Lightweight X-ray gowns are being purchased. Relocate list if other theatre space available. Reduce temperature of treatment room using the control system in Estates, this does not always produce a reduction in temp due to the Day Surgery air temp control system. Room not being used when possible due to current staffing levels.	Major	Likely	16	High	[Malyon, Lisa 24/01/18 11:15:55] Score increased to 16 from 9. We are at a stalemate and no further forward as need full survey. Will lose activity in that Theatre as not fit for purpose temperature-wise.	Moderate	Unlikely	6	Low	28/02/2018

2343	02/05/2017	IM&T	ICT	West, Mr Mike	Wade, Mr Jonathan	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 20/10/17 13:51:01] Following approval of the "cyber security enhancements" business case the relevant purchase orders for the various security products have been placed and discussions are underway to get the systems deployed. The cyber security technician has also been approved and it is hoped recruitment can be completed by Jan/Feb 2018 at the latest.	Major	Unlikely	8	Moderate	31/03/2018
2353	24/05/2017	Cancer, Diagnostics and Therapies	Clinical Haematology	Cooke, Dr Lisa	Evans, Andy	Major	Likely	16	High	The Trust may be unable to recruit substantive heamatologists to vacant posts, impacting upon the existing consultants.	There have been 2 consultant vacancies in the department and difficulties in recruiting substantive staff. Difficulty recruiting and retaining staff long term multifactorial: 1)expansion of workforce at Addenbrookes. 2 new consultants have left to pursue subspecialist roles within Addenbrookes. 2) Fewer trainees wish to become general DGH haematologists preferring subspecialist roles in tertiary centres 3) Lack of trainee recruitment over the last 5 years has led to fewer consultant haematologists being available for appointment	Delays for patients to be seen, services cannot be covered out of hours withour the use of locums, additional pressure on existing consultant staff due to the locum consultants being unable to particpate in any of the regularoty management workload. Significant financial risk paying locums rates and out of hours payments. Potential loss of Level 2b chemo on site at the Trust. Loss of clinical haematology on site which has a knock on efect for transfusion and laboratory services on site.	Permanent job advert on nhsjobs. Discussions being held with CUH, NNUH and the Clinical Support Team (Peterborough) to share resources across other trusts. Two locums employed on short term contracts.	Major	Likely	16	High	[Mokate, Deborah Mrs 02/02/18 13:56:31] Discussed at CD&T SQaBB 1.2.18. Job to be re-advertised with updated JD.	Major	Unlikely	8	Moderate	01/03/2018
2386	05/09/2017	Med 1	Trust Wide	Kent, Mrs Claire	Evans, Andy	Major	Likely	16	High	Poor standards of care on escalation area.	operational flow and need for additional capacity at short notice	Risk to patient safety and poor patient experience. Such as increased chance of failure to escalate, reduced quality of care planning and care delivery from MDT, delays in discharge, increased complaints. Increased stress to staff working in unfamiliar area and not in regular team	Decision to open made only by Gold Matron allocated to oversee the area. Core equipment moved to area Staff moved from other wards Allocated Physio/Pharmacy support daily. (on call cover as other areas) Always ensure one QEH experienced nurse in area Medical staff identified to review patients daily (on call as other areas) Kitchen aware of opening and ensure menus processed Clarification of admission criteria communicated No admission direct from ED Resus trolley shared with adjacent ward.(Grab bag ordered)	Major	Likely	16	High	[Tear, Jamie Mr 28/02/18 13:19:08] Updated on behalf of Claire Kent The interim staffing plan has deteriorated and several staff have moved back to their original areas. ACN meeting with dept chief nurse 28.02.18 to discuss further plans.	Major	Rare	4	Low	28/03/2018
2399	25/10/2017	Human Resources		Charman, Karen	Charman, Karen	Major	Likely	16	High	The risk is the implications of not being able to deliver a well led and capable workforce	There has been insufficient HR resources at a senior level at a critical time within the NHS	Lack of clarity with the organisation of the role of professional HR Department and support to professionals within HR to deliver an expanding agenda and support the Divisions	Draft Workforce Strategy reviewed by Workforce Committee 03.10.2017 Final Approval of Workforce Strategy at Trust Board 31.10.2017	Major	Likely	16	High	[Charman, Karen 26/02/18 16:16:02] New HRD structure to deliver strategy has been implemented with remaining posts out to advertisement. Two new deputy HRD will be interviewed on 26th March 2017 to lead the HR Implementation Plan.	Major	Possible	12	Moderate	27/04/2018

2421	26/01/2018	Women & Children Services Group	Obstetrics	Deacon, Mrs Lesley		Major	Likely	16	High	There are a number of clinical guidelines out of date which increases the risk of patients not receiving appropriate care.	The guidelines have not been updated	Staff do not have access to up to date clinical guidelines to inform their practice taking account of the latest research and recommended care or treatments.	The list of guidelines out of date have been prioritised in accordance of potential harm. Extra staffing has been allocated to the process of renewing the guidelines. Guidelines have been reviewed and amalgamated where appropriate. A process has been agreed with the Medical Director and Chief Nurse to ensure the progress of renewal is moving forward more quickly. The guideline is reviewed and amended if necessary. The guideline is sent out to all medical staff and midwives for voting to agree or send comments. Once any amendments made it is taken to the guideline meeting and renewed. The guideline is sign off at O&G clinical governance meeting	Major	Likely	16	High	[Deacon, Lesley Mrs 28/02/18 10:21:35] Feb 18 - Action Plan updated	Major	Rare	4	Low	31/03/2018
2432	16/02/2018	Women & Children Services Group	Midwifery	Marshall, Mrs Karen		Major	Likely	16	High	The electronic patient system "Badgernet" has a number of hazards and issues which may lead to incomplete or inaccurate patient records.	A new electronic patient record system was introduced in 2017. There is no field to record Hearing Screening on Badgernet. MEOWS observation chart does not have the correct detailed responses when scoring triggers an action. Documentation of the fields in the system is poor The scan sequence for DCDA twin pregnancy is incorrect. There is no field to record fluid balance. The sepsis field does not trigger the correct responses in line with the Sepsis Trust chart	Patient records may be incomplete which has an impact on clinical decisions and plans of care. The Trust may not be able to track the eligible population for Antenatal and new born screening adversely affecting KPI data. Patients have a mixed record of paper and electronic resulting in episode of care records being stored in separate places. This contributes to incomplete records being available to community staff who only have access to the electronic record.	•Hearing screening is recorded in the Child Health Record •Hearing screeners keep a record •The MEOWS hard copy of the observation chart is displayed in all areas for staff to refer to when a women triggers a score. This will give accurate instructions for staff to follow. •Informed staff of the importance of completing all fields at team meetings, safety briefing and the newsletter. •In the process of assessing which fields to have as mandatory to ensure they are completed. •Staff are aware when to request scans for twin women •Staff to use a paper chart until clevermed add the field •Staff to use a paper chart until clevermed add the field	Major	Likely	16	High	[Mokate, Deborah Mrs 16/02/18 16:53:14] new risk added to the Risk Register following risk assessment completion by MP	Major	Unlikely	8	Moderate	16/03/2018
392	02/05/2006	Estates	Estates Capital	Clingo, Iain	Jackson, Mr Roy	Catastrophic	Almost Certain	25	Extreme / Very High	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	[Mokate, Deborah Mrs 15/03/18 10:16:21] met with IH, EC, MC. Discussed the risk rating and agreed a risk rating of 15. Catastrophic as there is risk to life if the roof integrity failed, and Possible as there is continued deterioration of the roof structure with no funding to complete the immediate structural repairs. We are currently waiting SOC approval from NHSi now revised to the end of March 2018 with a revised FBC approval in October 2018 after which the construction programme can be tendered and procured.	Major	Rare	4	Low	02/04/2018

1891	05/02/2014	IM&T	IM&T	West, Mr Mike	Wade, Mr Jonathan	Catastrophic	Possible	15	High	Clinical incident due to mistaken patient record being used.	High number of duplicate records in ICE as a consequence of; Data quality issues in Lab, Microbiology interface issues Duplicates being generated by EPA (NNUH/JPUH)	Potential harm to patient due to use of wrong record	Data quality monitoring at NNUH. Data cleansing exercise as part of ongoing ICE developments and management of system by HIS team.	Catastrophic	Possible	15	High	[Sabbagh, Guy Mr 24/10/17 08:41:28] Updated following e-mail from the Handler. No changes to the current plan.	Catastrophic	Rare	5	Low	31/03/2018
1938	13/04/2015	Estates	Estates Capital	Clingo, Iain	Jackson, Mr Roy	Catastrophic	Possible	15	High	Failure of multiple critical components of fire safety system due to historical building defects, there is a risk of existing containment failing 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 thus risk to infrastructure and life is increased.	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	[Mokate, Deborah Mrs 19/03/18 11:43:32] Risk amalgamated with 2061 which will now be archived as all details are in one risk.	Catastrophic	Rare	5	Low	02/04/2018
2256	05/05/2016	Surgery 2	Admissions Unit	McGuire, Mrs Karen		Moderate	Likely	12	Moderate	The extra capacity occupied by medical escalation reduces the bay and therefore bed space capacity for the surgical admission unit. This reduction in infrastructure has significant impact on patient experience, care quality and safety for the elective care pathway.	Extra capacity used for medical escalation into the AU capacity – reducing infrastructure from 3 (6-8 person) bays to 2 bays.	Reduction in infrastructure has significant impact on patient experience, care quality and safety for the elective care pathway. There are significant delays in theatre efficiency and therefore the risk of poor patient experience.	Organisational awareness of the impact to the elective patients highlighted and escalated if the capacity to Escalation increased above the 12 beds. AU staff will cohort and prioritise patients appropriately (in theatre list order) as able. AU/Marham staff will utilise any available elective beds to reduce the congestion in AU as able.	Moderate	Almost Certain	15	High	[Malyon, Lisa 24/01/18 11:58:40] Changed score from 12 to 15. Been severely disrupted through Winter. Attributed to Theatre late starts.	Moderate	Possible	9	Moderate	28/02/2018
2296	04/11/2016	Women & Children	Obstetrics &	Deacon, Mrs Lesley	Deacon, Mrs Lesley	Catastrophic	Likely	20	Extreme / Very High	Potential removal of GP trainess and FY2 layer of junior staff at the deanery visit on 17th November 2016.	Poor experience of Junior Doctors in Obstetric & Gynaecology.	If Junior Doctors are removed - Service will be unsustainable and emergency closure maybe required.	04/11/2016 - Action Plan to be written 04.11.2016 - Extra Locum O&G consultant started 31/10/2016. - Already the initial feedback from junior staff is positive. - Meetings are scheduled with the Trust Educational team, O&G Consultants and Management w/c 07/11/2016.	Catastrophic	Possible	15	High	[Deacon, Lesley Mrs 28/02/18 10:20:17] Jan/Feb 18 - Action Plan updated. Still awaiting report from Deanery visit in Dec 17.	Catastrophic	Rare	5	Low	30/04/2018

2306	20/12/2016	Surgery 1	Main Theatres	Barker, Ms Elizabeth	Jones, Ms Sarah	Moderate	Likely	12	Moderate	The number of staff and the skill mix in Main Theatres and Day Surgery theatres is not adequate to provide safe cover for all the theatres. There is a risk that the theatre resource will not be fully utilised and that waiting times may increase through the inability to safely staff all theatre lists.	Lack of adequately skilled theatre staff. Not enough theatre staff to cover all the lists.	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- cancellation of elective cases resulting in reduced income, poor patient experience and trust reputation. increase in complaints and waiting times. Missed targets.	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 24/01/18 12:10:39] Due to HR delays some of those recruited a while ago are only now starting. ? posts left to fill. Band 5 Main Theatre planned for end of January 2018.	Moderate	Unlikely	6	Low	28/02/2018
2361	16/06/2017	Med 1	General Medicine	Crelly, Mr John	Moore, Mrs Ciara	Moderate	Almost Certain	15	High	There is a risk of clinical harm if patients do not have timely follow up care but due to lack of follow up capacity patients are experiencing delays in receiving their follow up appointment. Follow up appointments are currently delayed by 8 months beyond the planned follow up date.	The increased demand for Endocrinology services has gone above the avialble capacity.	Patients that are currently being managed for conidtions such as over and underactive Thyroid will not be receiving timely blood and drug review. This could lead to patients having condition related symptoms that could be avoidable.	Where possible the Consultant team will overbook there current clinics to see overdue follow up patients.	Moderate	Almost Certain	15	High	[Kivlin, Jude Mrs 05/09/17 11:24:49] A meeting took place with the Consultants to review the backlog - ~500 Follow ups, 176 ASI's. The following was agreed: 1. Clinical review of notes for the longest waits 2. Triage of notes to determine the urgency and to establish if any patients can be discharged 3. Extra clinics – nurses will see 40 Follow ups/month (2 nurses, 2 clinics each @ 10 per clinic). Consultants will see 20 additional news (2 consultants, 2 clinics each @ 5 per clinic) and 40 additional FUP's (2 consultants, 2 clinics each @ 10 per clinic): Total is 20 additional news and 80 additional FUP's per month. Risk to be reviewed in a monthly with the view to downgrading when all mitigation is in place in December. [Kivlin, Jude Mrs 03/10/17 11:54:19] In addition to the previous progress notes, agreement to use free diabetes capacity for endocrinology. [Mokate, Deborah Mrs 20/03/18 14:30:54] Discussed at divisional board. No changes, risk remains the same.	Moderate	Unlikely	6	Low	27/04/2018

2371	13/07/2017	Women & Children Services Group	Neonatology	Deacon, Mrs Lesley	Deacon, Mrs Lesley	Catastrophic	Possible	15	High	The ventilation system within the NICU has been inspected and found to not comply with HTM03-01 regulations and deemed at end of life and non-repairable. A peer review of neonates in Oct 2017, NHSI and CQC visits would require assurance that the report is being acted on.	1. The entire ventilation system has been deemed to be at the end of its serviceable life 2. Report states that the ventilation system is not fit for purpose 3. The ventilation system is not on a separate system, it is also linked to Offices, School of Nursing, Mortuary office area 4. 5 yrs ago the refurbishment of the NICU did not include the replacement or cleaning of the ventilation system	1. Vulnerable babies acquiring infections 2. Longer length of stay for these babies 3. Risk of cross infection for staff and patients 4. Potential accumulation of hazardous various gases (eg.Oxygen)	1. Good environmental cleaning 2. PPE to be used appropriately 3. Support ventilation with open windows etc	Catastrophic	Possible	15	High	[Deacon, Lesley Mrs 28/02/18 10:27:46] Jan/Feb 18 - Action plan reviewed and updated	Catastrophic	Rare	5	Low	31/03/2017
2400	30/10/2017	Surgery 1	Admissions Unit	McGuire, Mrs Karen		Moderate	Almost Certain	15	High	There is a significant risk to patients electively introduced to the Organisation receiving a poor patient experience, poor care quality and possible safety implications. This is as a result of the loss of any dedicated Admission unit space to allow elective patients to be effectively, safely and efficiently prepared for their procedures in a timely manner and where assessed second stage recovered.	Loss of the Surgical Admissions unit (Leverington).	There is likely to be an inadequate/poor patient experience. Due to the re-location there is a risk of mistaken patient identity due to duel purpose use of the area. Large movements by patients (due to the inadequate geography/non dedicated AU) result in high volumes of staff, patients and carers in one area resulting in multiple moves, loss of dignity, delays in preparation, poor private communication. Delays in theatre start times, lists over-running with potential cancellations, financial loss (due to over time, loss of activity). Inability to implement theatre efficiency/productivity programme.	Attempting to manage personell and patients through careful planning (within challenging constraints). Review of other possibilities. Proactive communications regularly with patients and staff.	Moderate	Almost Certain	15	High	[Malyon, Lisa 24/01/18 12:13:22] Been severely disrupted through Winter. Attributed also to Theatre late starts.	Moderate	Rare	3	Low	28/02/2018
2419	12/01/2018	Med 2	Short Stay	Green, Mrs Susan		Moderate	Almost Certain	15	High	Failure to substantively fill nursing vacant posts within current establishment, currently 10 vacancies on the ward, also 2 Band 6 on maternity leave. There is a risk that patients will not receive the appropriate level of nursing care which could impact upon patient safety.	Current difficulties/delays in nurse recruitment compounded by increased vacancies.	Patients – increased risk of sub-optimal care and poor patient experience Staff – increasing concern related to physical and psychological wellbeing as well as morale.	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. Active recruitment (trustwide) Bank/Agency backfill	Moderate	Almost Certain	15	High	[Mokate, Deborah Mrs 06/02/18 10:08:46] Risk reviewed by ACN and DM, 2 overseas nurses started February 2018 in B4 posts awaiting successful completion of OSCE. New agency will provide RN for 3 month period names awaited.	Moderate	Unlikely	6	Low	28/02/2018

2428	07/02/2018	Finance	Finance	Jackson, Mr Roy		Moderate	Almost Certain	15	High	There is a risk of failure to achieve the Trust Control Total for 2 consecutive years: 2017-18 and 2018-19.	The timing of the forecast outrun performance verses the actual performance during 2016-17. The December 2016 timing of the Trust Annual plan submission for accurately anticipating the next 2 years likely financial performance	1. Reputational harm 2. Loss of opportunity to reduce loan finance costs 3. Potential for loss of financial autonomy through being placed into special measures along with the associated short term worsening of financial position through direct cost of external support.	1. Regulatory dialogue to agree revised financial trajectory for 2017-18 and 2018-19 2. Improved financial planning processes to ensure Control Total levels for 2019-20 and beyond.	Moderate	Almost Certain	15	High	[Mokate, Deborah Mrs 07/02/18 17:35:52] Assessed the level of the CIPP needed to meet the CT is circa 16M which is a level beyond any level currently achievable by the current data. To achieve CT would require systemic financial change which is not expected until 2019-20. The Trust would anticipate an achievable CIP level being assigned in 2019-20 following conclusion of the current 2 year planning round at which point the risk rating will substantially reduce.	Moderate	Almost Certain	15	High	23/03/2018
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
2431	16/02/2018	Med 1	Respiratory	Bennett, Mrs Glynis	Hardwick, Mrs Emma	Catastrophic	Possible	15	High	There are inadequate facilities within the TRust to provide a negative pressure environment for patients with MDRTB and other pathogens that may require negative pressure enviornments	There was a negative pressure facility on Stanhoe but this is no longer functioning. This room is now used as a standard side room.	Patients with a suspicion or confirmed diagnosis of MDRTB or similar respiratory infection need to be nursed in areas of the hospital without negative pressure. This increases the likelyhood of cross infection. Staff at increased risk due to working in an environment which may be contaminated with air borne pathogens.	where possible patients are nursed in a side room but these are limited. side rooms are prioritised for respiratory patients but this has the unintended consequence of nursing resppiratory patients as outliers. Another unintended consequence is that by prioritising respiratory patients other patients with infections or EOL care may be nursed in a bay. PPE is available for staff to use and advice/policy for respiratory practices.	Catastrophic	Possible	15	High	[Mokate, Deborah Mrs 16/02/18 15:28:04] new risk addedd to the risk register by DM and GB	Catastrophic	Rare	5	Low	30/03/2018

2436	08/03/2018	Surgery 1	General Surgery	McGuire, Mrs Karen		Moderate	Almost Certain	15	High	Due to increased capacity pressures within the trust, the admissions unit is temporarily relocated to Feltwell ward. The admissions unit usual location being Leverington ward which is currently being used as an escalation area for inpatients.Risk of poor patient experience, miscommunication due to the large number of patients and activities in one area, delays to theatre preparation due to reduced capacity and potential risk to safety due to high volume/high activity.	The risk is caused by increased capacity within the trust, the only escalation area we have within the trust is on Leverington, therefore at times of increased pressure (winter bed pressures) this area is utilised	The effect on patients is a very poor experience. We have very high volumes of patients at any one time and this leads to an environment which is not conducive for all patient groups who attend Feltwell. Staff feel pressured to ensure all patients are kept safe, this proves difficult to manage when there are increased volumes of patients in one area.	To de-escalate Leverington ward with inpatients, and relocate A.U back to its origin When the admissions unit is relocated to Feltwell we ensure that all staff who use this area are informed of the relocation. All patients are made aware that AU has been relocated, and ensure we communicate the patient pathway to patients. We also ensure that patient's are kept safe by following our guidelines and adhering to our code of professional practice. Senior nurse (where possible) supports the area. Widespread communication to facilitate understanding Relocation if possible of some elective/outpatient activity - or cancellation Attempts to where possible seperate the waiting patients/use of designated areas within the unit	Moderate	Almost Certain	15	High		Minor	Possible	6	Low	08/04/2018