ID	Opened	Service Line	Specialty/Dept	Handler	Manager (Executive lead)	Consequence (initial)	Likelihood (initial)	Rating (initial)	Risk level (initial)	Risk Description	Cause	Effect	Existing Controls	Consequence (current)	Likelihood (current)	Rating (current)	Risk level (current)	Progress notes	Consequence (Target)	Likelihood (Target)	Rating (Target)	Risk level (Target)	Date of next Review
392	02/05/2006	Estates & Facilities	Estates Capital	Clingo, Iain	Jackson, Mr Roy	Catastrophic	Almost Certain	25	Extreme / Very High	Roof integrity - The Trusts clinical strategy identifies a number of schemes to progress service developments for a number of specialties. Currently the protection of the existing building is imperative to ensure the Trust can deliver the organisation's clinical strategy. Failure of the structure would not only impact service delivery as the Trust currently has no unutilised clinical space, but could result in injury/death, litigation and reputational loss.	Pre-cast concrete construction of the building is 36 years old lifespan originally designed to last 25 years. The significant structure is showing signs of deterioration. 2016 - structural cracking found within 2 walls of the area surveyed	Potential risk to service delivery and safety of patients staff and public. 2016 survey report identifies further movement.	Additional monitoring has been implemented in key areas identified as weak points.	Catastrophic	Possible	15	High	[Carlton, Emma Mrs 30/07/18 15:32:04] Structural engineers appointed (MLM) to undertake a structural safety inspection of the roof and ward floors.	Major	Rare	4	Low	31/10/2018
1938	19/04/2018	Estates & Facilities	Estates Capital	Clingo, Iain	Jackson, Mr Roy	Catastrophic	Possible	15	High	The failure of multiple critical components of fire safety system due to historical building defects, presents a risk to life and infrastructure. The existing containment may fail to provide the desired (under HTM) 30 minutes protection from fire spread. Containment may achieve 15 - 20 minutes but there is no supporting evidence. For clarity, a ward evacuation takes (under test conditions) 5 min. If the ventilation dampers do not function adequately (triggered by fire alarm activation) fire may spread rapidly through the duct work. Fire detection across the whole site is not of the current L1 standard. The effect of this is that a fire may go undetected.	Original design and installation in the building. Compartment walls are not adequately fire proofed to current building regs and Fire code. Historical lack of planned maintenance & testing for fire dampers.	Reduced evacuation periods and subsequent potential for harm to vulnerable patients who require assisted evacuation. Potential for enforcement notice with possible subsequent legal action (HSE/Fire service. Need to move through more compartments during evacuation. Evacuation involves moving more patients to give a 2 compartment separation between the fire and persons. If the dampers do not work there is potential for smoke and fire to move rapidly and randomly throughout the building Random spread of fire would produce a lack of certainty around a planned evacuation of the area.	Mandatory staff training annually for clinical and patient facing staff, includes evacuation and fire extinguisher training. Fire simulation exercise carried out 2015. Fire Policy adapted to allow for identified risks - under regular review. Fire Strategy. Evacuation policy. Appointment of Fire Engineer. SLA with Nifes Fire Safety consultants. Departmental risk assessments. All current and future capital projects regarding construction of areas meet current standards. Replacement of fire doors is being phased through the organisation, use of 2 bed movers to assist with evacuation of beds down the rear ramp. Vigilance by all staff to ensure designated fire exits kept clear. Fire alarm and emergency lighting installations. Installation of additional fire detectors, on going over the next 2 years to upgrade to L1 system. Awaiting an appointment of project manager. Compliance with CDM regulations around contractors on site. Prevention of accumulation of contractors debris, equipment or obstruction particularly in front of ventilation ducts and escape routes. General vigilance of staff to the maintenance of a safe environment. Ensuring all other fire alert systems are functioning. Staff training - involves awareness and vigilance. Appointment of a Fire Engineer. Contractor appointed to carry out detailed surveys. Part of all refurbishments specifications take into account all local duct work and additional fire detection systems. Mapping has been carried out for all new areas. Planned maintenance processes being continually reviewed. Contract with Nifes - external Fire specialist contractors. Program of work started Feb 2016. £60k has been allocated in 2016 capital budget. 20% completion of testing and remedial work.	Catastrophic	Possible	15	High	[Carlton, Emma Mrs 30/07/18 15:32:58] Work is continuing on the L1 project which is slightly behind schedule but no concerns at this stage. Detailed fire compartment survey required – NIFES were commissioned on 29.05.18 to undertake this survey. Authorising Engineer AE (Fire) formally appointed in June 2018, to oversee all aspects of fire safety governance, as required by HTM 05 01 Managing Healthcare Fire Safety.	Catastrophic	Rare	5	Low	31/10/2018
2306	20/12/2016	CBU 1	Main Theatres	Barker, Ms Elizabeth	Jones, Ms Sarah	Moderate	Likely	12	Moderate	Cancellation of elective cases resulting in reduced income, poor patient experience and trust reputation. Increase in complaints and waiting times. Missed targets.	Not enough staff to provide safe cover to all the Main Theatres and Day Surgery theatres. Skill mix not adequate to cover all the specialties as per AFPP standards. Unable to recruit experienced staff.	The theatre resource will not be fully utilised. On staff - accountability for their practice compromised. Stress increased due to unfamiliar work, surgeons and environment. Teamwork not cohesive as required. Exhaustion due to the increased amount of overtime required to meet the needs of the service. Increased sickness levels in the department. Medical staff stress increased due to working with unfamiliar staff that are not usually part of the team - this can in turn affect the care to the patient. Department- increased sickness absence levels, increased overtime cost, increase in incidents, lack of income due to decreased activity. Trust - Reputational and financial impact	Cover gaps in skill mix by offering overtime to staff with the skills needed. Last minute changes of individual staff members off-duty rota. Liaise with DSU to identify if any members of their staff have transferable skills to enable them to help main theatres. List cancellations.	Moderate	Almost Certain	15	High	[Malyon, Lisa 06/11/18] Business Case to be reviewed and resubmitted.	Moderate	Unlikely	6	Low	05/10/2018
2316	31/01/2017	CBU 8	Cancer Services	Evans, Andy	Wade, Mr Jonathan	Moderate	Almost Certain	15	High	The Trust may fail to achieve the national 85% 62 day cancer target on a sustainable basis.	Patient choice. Lack of capacity in some specialties, particulary at N& N for urology at the present time. No timed pathways (with the exception of lung). Delays at teritary centres (NNUH and Addenbrookes) Improved decision making when clinican is away.	Reputation damage. Failure to achieve nationally recognised standards for cancer. Poor patient experience and delays in treatment.	A detailed 62 day cancer recovery was presented to TEC in December. This report is monitored to the new Cancer Board established in January 2017. F&P Committee also review progress on a monthly basis as part of the performance reporting. Dedicated project manager identified to take forward the actions in the recovery plan.	Moderate	Almost Certain	15	High	[Long, Ami Miss 25/10/18] Discussed at CBU 8 meeting 25.10.18. A recovery plan has been submitted to NHSE and the CCG. Target to achieve performance has changed to March 2019. Review date of risk changed for a months time.	Moderate	Unlikely	6	Low	31/03/2019
2371	13/07/2017	CBU 4	Neonatology	Gibbens, Mrs Carley	Patel, Bharat	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	[Carney, Holly 16/11/18] Reviewed 16/11/18 with CBU4 Matrons and Deputy Director of Patient Safety. Planned for 2019 schedule, risk remains unchanged. Target date reviewed and updated. review in 2 months.	Catastrophic	Rare	5	Low	31/03/2019
2412	29/11/2017	Corporate Nursing	Trust Wide	Small, Amanda	Hardwick, Mrs Emma	Catastrophic	Possible	15	High	There is risk of harm to patients if medical equipment is used incorrectly by staff who are not trained or competent in its use.	Historically, it has been the responsibility of the department manager or delegated individual to record any medical devices training received in the local area on the medical devices excel spreadsheet located within the medical devices shared drive. Review of the spreadsheet demonstrates poor compliance with records being incomplete and not updated for several years.	Patient harm - if practitioners are using devices for which they have not been trained then there is a possibility of patient harm. No assurances for regulatory bodies that we have the governance structure in place to ensure practitioners are practicing safely.	Localised records held. Low level device training delivered by medical device trainer, recorded on ESR.	Catastrophic	Possible	15	High	[Mokate, Deborah Mrs 14/06/18 10:59:26] risk assessment completed and uploaded to documents. risk grading reviewed in light of recent incidents.	Catastrophic	Rare	5	Low	27/07/2018

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
1025	24/11/2014	Corporate Nursing	Trust Wide	Newton, Valerie	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	[Mokate, Deborah Mrs 07/06/18 13:20:24] on-going recruitment from overseas nurses. Support for retention being looked at NHSi presentation at NMB 6.6.18 in relation to strategies to support retention	Major	Unlikely	8	Moderate	27/07/2018
2197	09/12/2015	CBU 4	Obstetrics & Gynaecology	McPartlin, David	Redwood, Nick	Moderate	Likely	12	Moderate	Risk of Patient Safety being compromised due poor team working within Obstetrics and Gynaecology which, may lead to communication breakdown.	Lack of consistent leadership & engagement on deivery suite by consultant team - high reliance on Locums Lack of assurance about appropriate delegation and escalation within the midwifery and medical teams Inconsistent quality of midwifery / medical team working Lack of responsiveness to issues identified by RCOG (March 15) report and CQC (Aug 15)	Potential ongoing risk of suboptimal care (as evidenced by 2 serious incidents since July 2015) Potential for poor patient experience	Mandate consultant attendance for trials of instrumental delivery. Appointment of new Clinical Director. External support for head of Midwifery. Weekly governance meeting to improve oversight of management of complaints, Pals & Incidents trends. Regular oversight and challenge by Quality committee & SQaBBs. Move to a `team` focus in departmental meetings. Finance identified to purchase training aid (pelvis and baby head). New Deputy Div Director (HOM) appointed May 2016	Major	Likely	16	High	[Carney, Holly Mrs 16/11/18] Reviewed 16/11/18 with CBU4 Matrons and Deputy Director of Patient Safety. ACT Workshop taking place 23/11/18. Substantive Clinical Lead now in post. Clinical Governance Lead in Locum post. Clinical Director post advertised. Review in 1 month.	Moderate	Rare	3	Low	11/11/2018
2199	10/12/2015	Trust Wide	Trust Wide	Hull, Mrs Corwen	Wade, Mr Jonathan	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
2311	23/01/2017	CBU 8	Pathology	Cooke, Dr Lisa	Evans, Andy	Major	Likely	16	High	The Trust has a MHRA inspection on 24 January 2017 made critical recommendations and failure to address these risk will lead to further regulatory intervention, adverse impact on Trust's / EPA reputation and potential loss of service.	This risk is due to a number of factors which are documented in the MHRA action plan held by the transfusion team.	Reputational damage due to a poor MHRA inspection/report, restriction on the services currently provided or closure of the pathology tranfusion service.	New members of staff have recently been appointed and started work (Dec/Jan 2017).	Major	Likely	16	High	[Long, Ami Miss 25/10/18] Discussed at CBU 8 meeting 25.10.18. Action plan is in place for this alert, and there are 2 outstanding issues; wristband printing and training. Training remains at around 50-60% despite best efforts. Department reviewing incidents relating to these issues on a regular basis. Risk remains a 'High' and review date changed for a months time.	Major	Rare	4	Low	04/10/2018
2312	23/01/2017	CBU 8	Radiology	Fleming, Sarah		Major	Likely	16	High	The medical and radiology staff will no longer be able to access the PACs system, for requesting, reporting and viewing images.	National Accenture contract expires on 30/6/17. The Trust's existing PACs provider (Agfa) who provides the ditigal radiology system will cease on the 1 July 2017.	Loss of radiology services - impact on all patients (elective and emergency). No staff will access the system to request, reviewing, report and view images. This will also impact Addenbrookes and NNUH	New Board and project group set up to drive forward delivery / implementation of the new PACs. Dedicated project manager at the Trust and the new supplier. Draft contract sets out the financial costs to be picked up by the supplier. However, significant risks/concerns still surrounds the decommission of the SMARTcards by 1/7/17. In addition the supplier (Afga) of the new PACs has confirmed the Trust can still use the old system until 31/12/17 if the new system isn't in place by 30/06/17.	Major	Likely	16	High	[Long, Ami Miss 12/11/18] Update from Adele Abbott 12.11.18- PACS procurement has been "halted" due to incompatibility with Radiology information system and need for a business case for replacement of RIS Existing PACS will be upgraded by Agfa to Version 6.6.1 at no additional cost to the Trust and will be supported for 24 months.	Major	Unlikely	8	Moderate	04/11/2018
2337	18/04/2017	CBU 4	Gynaecology	McPartlin, David	Resoli, Mr David	Major	Almost Certain	20	Extreme / Very High	Risk potential of loss of commissioned Antenatal screening service due to non-compliance with NHS Commissioned Antenatal screening program and non-compliant with RCR standards for Ultrasound screening. Mis-diagnosis, repeat scans, missing health records (scans) and poor outcomes/experience for patients attending Antenatal ultrasound screening and Gynae services. Trusts reputation risk.	Scan machines in Surgical Assessment Unit (SAU), North Cambs Clinic, Paediatric department and Brancaster clinic are not connect ed to the Trust PACS system. Scans performed on certain scan machines by O&G doctors are not recorded on any electronic forum and not formally reported and therefore when repeat scans are conducted there is not baseline to assess new scan against. Cranial Ultrasound done in Paediatrics - images are saved onto the machine but not downloaded onto PACS. Currently the still images are printed and a copy put into the handheld notes. Babies/Children that are transferred to another hospital, have to have the images copied or re-printed as they cannot be seen at the new hospital.	1. Non compliant with commissioning standard and RCR standards 2. Duplicate Scans 3. No formal reporting of scans and therefore no governance around the results/ outcome. 4. Repeat scans conducted in USS department have no benchmark to assess new scan against. 5. If a woman was to complain/legal action, the department would have no record of the scan being conducted (possibly hand written notes or pictures in notes if doctor has printed them, these pictures have no Pt ID on them and so cannot be related to the pt). 6. If a woman has been told an outcome of a scan verbally, that is later shown to be incorrect there is no way of reviewing the previous scan.	Rely on doctors making a written note in pts notes that a scan has been performed and the outcome.	Major	Likely	16	High	[Carney, Holly Mrs 11/10/18 16:17:37] Reviewed 11/11/2018 with Associate Director of Operations Division 1. Radiology Business Case for 3 replacement scanners has been approved by the Medical Equipment Committee and Medical director - Awaiting NHS Improvement approval.	Major	Unlikely	8	Moderate	11/11/2018

2338	20/04/2017	CBU 1	Day Surgery	Calton, Julie		Moderate	Possible	9	Moderate	Risk of health of staff being too hot. Risk to compromised patient care due to heat exhaustion of staff.	The design of the room being changed from storage to a treatment room. The treatment room temperature is not able to be controlled. The size of the room, the increased level of equipment required to carry out certain procedures. No air conditioning, difficult conditions during warm/hot weather (>6months of the year). Also busy clinics lead to raised temperature.	There is a risk to staff health and safety of working in this environment. As a consequence of the effect of the level of equipment used and personal protection required, the temperature control is poor. At least one near miss (possible never event) incident attributed by the surgeon due to the heat in the room.	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 09/07/18 12:41:29] Workmen coming to room on 28th July to cement DSU, Endoscopy no longer a problem. Review in August and then can come off.	Moderate	Unlikely	6	Low	31/08/2018
2343	02/05/2017	IM&T	ICT	West, Mr Mike	CM3	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 10/04/18 11:17:10] Due to delays in the recruitment process interviews for the Cyber technician post to be held on 26th May.	Major	Unlikely	8	Moderate	31/05/2018
2387	10/09/2017	CBU 1	Critical Care Complex	English, Natalie	Resoli, Mr David	Major	Likely	16	High	There is a risk of delayed admission to Critical Care due to Patients who's discharge from Critical Care which is delayed more than 4 hours Critical Care is not a suitable environment for patients who no longer need a higher level of care due to rehabilitation needs. Patients will potentially EMSA Breech resulting in financial penalty.	Lack of available ward beds to discharge to. Bed allocation not timely enough to achieve 4 hour discharge.	Potential patient harm caused by delay in admission to Critical Care due to lack of bed availability. EMSA breech weekly Delays reported externally	Potential discharges from Critical Care are Identified and communicated at earliest opportunity. EMSA breeches highlighted in ops centre Critical care escalation plans would be utilised to manage a patient outside of the Critical Care unit	Major	Likely	16	High	[Malyon, Lisa 06/11/2018 13:48:51] Reports ongoing and reported at Critical Care governance meetings on a monthly basis.	Insignificant	Rare	1	Low	28/09/2018
2483	24/07/2018	Trust Wide		Nick	David	Major	Likely	16	High	Further regulatory notices from regulator (CQC) in relation to Section 31 notice resulting in reputational damage to organisation.	CQC Section 31 and Section 29A notices for Maternity / Obstetrics services.	Further regulatory notices which bring further scrutiny and further adverse publicity to the trust.	Corporate action plan to address concerns raised under section 29A and section 31 by CQC regulatory framework.	Major	Likely	16	High		Major	Rare	4	Low	25/07/2018
2489	12/09/2018	CBU 4	Midwifery	Marshall, Mrs Karen		Major	Likely	16	High	The service is unable to meet nationally or locally agreed minimum safe staffing levels.	Historic vacancy factors resulting in inability to meet national safe staffing levels.	Inability to meet out training needs analysis due to clinical pressure. Inability to maintain workforce moral. Potential impact on the ability to provide safe care.	- Agency use to ensure compliance with safe staffing levels. - Full staffing review to be undertaken. - Robust recruitment plan and strategy. Escalation process: * Reallocation of available staff appropriately dependant upon clinical situation. * Daily Bed Manager in place to escalate up to the executive board following the twice daily Safety Huddles. * Escalation up through the Bed Manager to Matron and the executive board as required. * On call midwife brought in to work the full 12 hour night shift to support the service. * Matron on call implemented to support service. * Coordinators all advised to submit Datix in the event of compromised supernumerary status, so ncident data can be collated to provide assurance.	Major	Likely	16	High	[Carney, Holly Mrs 16/11/18] Reviewed 16/11/18 with CBU4 Matrons and Deputy Director of Patient Safety. Risk remains unchanged, Agency in place with requested for further provision up to 8 WTE midwives per week..	Insignificant	Rare	1	Low	12/11/2018
956	07/05/2013	Trust Wide		Wade, Mr Jonathan	Wade, Mr Jonathan	Major	Almost Certain	20	Extreme / Very High	Risk to patients suffering adverse effects owing to the failure to meet 18 week pathway. Resulting 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.	Complications for patients due to advancements of pre-existing clinical conditions. Delayed patient diagnosis. Delayed time to treatment. Patient safety and Patient experience. Reputational risk to the Trust. 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	Almost Certain	20	Extreme / Very High	[Malyon, Lisa 23/03/18 13:12:56] For March electives have significantly reduced, only clinical urgents, Cancer pathway patients, Day cases diagnostics and paeds have been admitted due to capacity. Medical Outliers in significant numbers on Denver, Elm, and Gayton wards with displaced Surgical emergency patients as outliers on Marham ward (therefore no/minimal elective bed base including loss of the 12 ringfenced elective joint beds). The surgical outlying profile almost consistently correlates to numbers of medical outliers on the surgical specialty bed base areas.	Major	Possible	12	Moderate	27/04/2018
2459	11/06/2018	CBU 4	Paediatrics	Gibbens, Mrs Carley	Patel, Bharat	Catastrophic	Rare	5	Low	Risk of abduction/absconding of children and young people.	No air lock access door at the entrance to the ward. Corridor on Rudham leads straight to Stanhoe with a fire escape that leads directly outside. Camera required on access and exit doors leading from PAU fire exit externally. Fire release button provides easy access with no alert when it has been triggered. CCTV monitor and door release button are at the nursing station where access to the ward is not always monitored adequately.	Children and young person safety: risk of abduction or absconding	Swipe card access and exit through main door. Security cameras at entrance. Parents and carers education on admission to not allow other people access through main door. Staff vigilence and challenge unknown people within the department. Staff training for increased risk during fire alarm.	Catastrophic	Likely	20	Extreme / Very High	[Holly Carney 16/11/18] Reviewed 16/11/18 with CBU4 Matrons and Deputy Director of Patient Safety. Alarmed cover now in place on fire exit, planned camera's on Stanhoe fire exit. Planned Scenario to test updated Missing Child Policy December 18, review in 1 month	Catastrophic	Rare	5	Low	06/11/2018

2493	02/10/2018	Trust Wide		Newton, Valerie	Hardwick, Mrs Emma	Major	Almost Certain	20	Extreme / Very High	Risks to be able to sustain safe, quality services in respect of Patient Safety and delivery of Effective Care, due to challenges to existing nursing vacancies. -There's an increased risk of harm to patients. - Potential for provision of sub-optimal care to patients - Potential for a poor patient experience -Potential negative impact upon staff - Potential impact upon flow and the ward's ability to discharge patients effectively and in a timely manner.	-Delays in appointing to posts from overseas recruitment. -Workforce supply unable to meet demand. -Financial restraints to support recruitment initiatives. -Recruitment challenges due to geographical location. -Affect of shortages on existing workforce - Existing workforce; increase in stress and sickness absence rates. Risk to Health and well being.	-Patient care may be compromised resulting in Harm suffered by the patient. -Poor quality of care/patient experience. Due to low staffing levels and gaps in skill matrix. -Increase in incidents being reported of varying severities. -Increase staff turnover due to high pressured working conditions. -Affect on non-clinical priorities: staff training, appraisals, incident reports and investigation, maintenance of policy and control documents, clinical guidelines etc	Continued use of agency and bank staff. Staffing levels are reviewed 3x day to mitigate risk as establishment allows. Development of nursing associate role to support registered nurses in delivery of care. 6 monthly skill mix review. Establishment Nurses work overtime and additional hours/shifts. Voluntary services offer support where possible (support mealtimes). Carer/family support to support feeding where possible. Under-establishment Risk tolerated by escalation processes and matron oversight. RAG rated risk tool for staffing in place (with escalation policies). Working with agency to support overseas recruitment. -Proactive risk management for specific skills gaps. -Revised home office processes to fast-track visas for skilled shortage occupations -Reviewing new roles within nursing. Implementing nursing associate role within trust. Work with trainee nurse through career workshops and recruit where possible from local universities and HEI's -Recruitment budget in place and exploration of social media hubs to support advertising -Work with local council on recruitment initiatives. Work with local schools and colleges. Undertaking "Grow your own" initiatives. Support local career events. Work in conjunction with RAF Marham to support staff recruitment. -Regular reviews of staff welfare and OH services. Sickness and absence policy. -Administrative support provided where possible. Ensure approach to non-clinical tasks does not constitute or perpetuate a perception of bullying culture by consistent demands for additional work, but supports functional job and time planning with staff to complete non-clinical tasks in a timely fashion.	Major	Almost Certain	20	Extreme / Very High		Major	Possible	12	Moderate	02/11/2018