| 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 |
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| 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;<br>Data quality issues in Lab, Microbiology interface issues<br>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 | [West, Mike Mr 23/08/17 13:41:38] following Microbiology go live ICT have had conversation with the Labs who have confirmed that the current risk should remain at this level until such time as Trust-wide OCM is implemented. Process mapping and prerequisite works ongoing with a go live date expected for Q4 2017/18 (depending on getting the required level of input/support from QEH clinical teams. | Catastrophic | Rare | 5 | Low | 31/01/2018 |
| 1938 | 13/04/2015 | Estates | Estates Capital | Clingo, Iain | Jackson, Mr Roy | Catastrophic | Possible | 15 | High | Due to historical building defects, there is a risk of existing containment failing to provide the desired 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 minutes. | Original design and installation in the building.<br>Compartment walls are not adequately fire proofed | Reduced evacuation periods and subsequent potential for harm<br>Potential for enforcement notice with possible subsequent legal action (HSE/Fire service)<br>Need to move through more compartments during evacuation | Mandatory staff training 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, purchase of bed movers. Vigilance by all staff to ensure designated fire exits kept clear. Fire alarm and emergency lighting installations. Installation of additional fire detectors. Appointment of project manager. Compliance with CDM regulations around contractors on site. | Catastrophic | Possible | 15 | High | [Carlton, Emma Mrs 03/01/18 14:27:31] Work continuing on the L1 project. Detailed fire compartment survey required. | Moderate | Unlikely | 6 | Low | 05/02/2018 |

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| 2061 | 28/04/2015 | Estates | Estates Operational | Clingo, Iain | Jackson, Mr Roy | Catastrophic | Possible | 15 | High | If the ventilation dampers do not function adequately (triggered by fire alarm activation) fire may spread rapidly through the duct work.<br><br>A significant amount of the trusts ductwork has not been cleaned, this carries an increased risk of spreading pathogens | Historical lack of planned maintenance & testing<br>Lack of assurance that the dampers do work | If the dampers do not work there is potential for smoke and fire to move rapidly and randomly throughout the building<br>Random spread of fire would produce a lack of certainty<br>around a planned evacuation of the area | Prevention of accumulation of debris, equipment or obstruction particularly in front of ventilation ducts and escape routes. General vigilance of staff to the maintenance of a safe environment.<br>Ensuring all other fire alert systems are functioning.<br>Staff training - involves awareness and vigilance.<br>Appointment of a Fire Engineer. Contractor appointed and carrying 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.<br>20% completion of testing and remedial work. | Catastrophic | Possible | 15 | High | [Carlton, Emma Mrs 03/01/18 14:29:03] Met with contractor to discuss requirements and work should be starting in January 2018 | Moderate | Unlikely | 6 | Low | 05/02/2018 |
| 2296 | 04/11/2016 | Women & Children Services | Obstetrics & Gynaecology | 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<br>- Action Plan to be written 04.11.2016<br>- Extra Locum O&G consultant started 31/10/2016.<br>- Already the initial feedback from junior staff is positive.<br>- 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 04/01/18 08:51:07] Dec 17 - Deanery revisited the department in December 2017 - concerns raised by the deanery - awaiting formal letter/report | Catastrophic | Rare | 5 | Low | 30/11/2017 |
| 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.<br>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.<br>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.<br>Department- increased sickness absence levels, increased overtime cost, increase in incidents, lack of income due to decreased activity.<br>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.<br>Last minute changes of individual staff members off duty rota<br>liaise with day surgery unit 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 | [Jackman, Kate Miss 18/12/17 16:03:46] First round of recruitment has taken place and 2x band 6 and 3 x band 5 to start in Jan. Back out to advert for badn 4 and 5 and will interview before the end of Jan. | Moderate | Unlikely | 6 | Low | 31/01/2018 |
| 2361 | 16/06/2017 | Med 1 | General Medicine | Crelly, Mr John | Moore, Mrs Ciara | Moderate | Almost Certain | 15 | High | Due to lack of follow up capacity patients are experiencing delays delays in receiving their follow up appointment. | 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 | [Mokate, Deborah Mrs 11/01/18 17:00:29] discussed at divisional board, risk remains unchanged. Extra clinics continue to reduce the backlog. | Moderate | Unlikely | 6 | Low | 08/02/2018 |

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| 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.<br>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<br>2. Report states that the ventilation system is not fit for purpose<br>3. The ventilation system is not on a separate system, it is also linked to Offices, School of Nursing, Mortuary office area<br>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<br>2. Longer length of stay for these babies<br>3. Risk of cross infection for staff and patients<br>4. Potential accumulation of hazardous various gases (eg.Oxygen) | 1. Good environmental cleaning<br>2. PPE to be used appropriately<br>3. Support ventilation with open windows etc | Catastrophic | Possible | 15 | High | [Deacon, Lesley Mrs 04/01/18 08:53:26] Dec 17 - Action plan reviewed and updated | Catastrophic | Rare | 5 | Low | 31/10/2017 |
| 2388 | 13/09/2017 | Med 1 | Respiratory | Durai Raj, Dr Subramani | Evans, Andy | Moderate | Almost Certain | 15 | High | Potential for inability to provide close monitoring/expected nurse to patient ratio for patients receiving NIV. | Initial business case accepted as part of a larger ward refurbishment but funding no longer available. | Non adherence to recommended and evidence based best practice.<br>Potential for poor patient experience. | Patients currently supported with NIV as clinically indicated. Cared for on Necton ward, placed in appropriate bedspace for increased observation.<br>Plans currently under discussion for options appraisal and creation of relevant area.<br>Uplift of RN's requested in October 2017 skill-mix review to allow 4 RN's to be rostered at night, awaiting approval. | Moderate | Almost Certain | 15 | High | [Mokate, Deborah Mrs 11/01/18 16:58:25] discussed at divisional board, NIV activity on Necton Ward is now escalated to ensure the relevant personnel are aware of the activity on the ward. | Insignificant | Unlikely | 2 | Low | 15/02/2018 |
| 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.<br>Due to the re-location there is a risk of mistaken patient identity due to duel purpose use of the area.<br>Large movements by patients (due to the inadequate geography/non dedicated AU) result in high volumes of staff, patients and carers in 1 area resulting in multiple moves, loss of dignity, delays in preparation, poor private communication.<br>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)<br>Review of other possibilities<br>Proactive communications regularly with patients and staff | Moderate | Almost Certain | 15 | High | [Jackman, Kate Miss 18/12/17 16:07:03] Continues to be a risk. Leverington has been opened for the last 4 weeks as a medical escalation ward | Moderate | Rare | 3 | Low | 15/01/2018 |
| 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.<br>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. | Major | Likely | 16 | High | [Carlton, Emma Mrs 03/01/18 14:34:16] Good engagement with NHSI who have issued further queries in terms of progressing the SOC by email 02.01.18. | Major | Rare | 4 | Low | 05/02/2018 |

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| 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.<br>Due to recent pressures upon the elective care pathways within the Trust as a result of an increased requirement to manage emergency patients.<br>Lack of capacity in clinics. | Delayed patient diagnosis<br>Delayed time to treatment<br>Patient safety and Patient experience<br>Reputational risk to the Trust<br>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).<br>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 | [Sabbagh, Guy Mr 13/10/17 16:33:58] Updated the Handler and Exec Lead in addition to Cause and effects as it impacts the Trust wide. In discussion with Mr.CM.<br><br>[MacDuff, Olivia Miss 28/09/17 15:31:38] Weekly Theatre planning and capacity meetings to | Major | Possible | 12 | Moderate | 29/11/2017 |
| 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<br>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 |
| 1029 | 25/11/2014 | Finance | Finance | Pearson, Mr Russell | Jackson, Mr Roy | Major | Likely | 16 | High | Risk that the underlying recurrent Trust deficit of the NHSI Control Total will not be adequately addressed. | Service pressures including quality standard attainment (including staffing ratios), temporary work premiums, financial inefficiency and structural issues relating to small rural DGHs<br>The aforementioned components are captured in the CPT report | Failure to secure a sustainable financial position to support the required level of major investment in the Trust.<br>Dependency upon financial support from the DOH<br>Inability to plan beyond the very short term and proactively invest in capital infrastructure to support service improvement | Service transformation required both internally and across the local health system to make both Trust and health economy financially sustainable. Articulating strategic initiatives to return to balance a key priority for 5 year plan. | Major | Likely | 16 | High | [Sabbagh, Guy Mr 24/10/17 08:52:35] Updated on behalf of [Pearson,Russell 24/10/17]Plan is the same as the last month. | Major | Possible | 12 | Moderate | 24/11/2017 |

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| 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 11/01/18 16:52:47] Situation with recruitment is worsening and increasing the pressure on the division. Risk manager and ACN for division to meet. | Major | Unlikely | 8 | Moderate | 23/02/2018 |
| 2199 | 10/12/2015 | Med 2 | | Evans, Andy | 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<br>Limited number of discharges<br>Inappropriate ED attendances | Poor patient experience<br>Potential reputational damage<br>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 | [MacDuff, Olivia Miss 25/10/17 11:56:45] Weekly breach meetings ongoing with Directorate Manager and Service Manager doing indepth reviews into all breaches and trends.<br>Team is currently working with ECIP to improve pathways out of ED which should influence the 4 hour performance | Major | Possible | 12 | Moderate | 31/12/2017 |
| 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.<br>Network perimeter firewalls and systems.<br>IT security products i.e. Sophos anti virus/spam email, Websense web filltering.<br>Staff awareness/communications.<br>Software patch control.<br>Strong access control i.e. user accounts/passwords.<br>Business continuity plans.<br>System back ups.<br>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 | 31/01/2018 |

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| 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.<br>Difficulty recruiting and retaining staff long term multifactorial:<br>1)expansion of workforce at Addenbrookes. 2 new consultants have left to pursue subspecialist roles within Addenbrookes.<br>2) Fewer trainees wish to become general DGH haematologists preferring subspecialist roles in tertiary centres<br>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 04/12/17 08:56:19] Action plan in place to Identify another provider (NWA) to provide haematology out of hours cover.<br>Identify the cost of providing weekend cover (sat - 4 hours and Sun 2 - hours) from existing haematologists. | Major | Unlikely | 8 | Moderate | 29/12/2017 |
| 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.<br>Such as increased chance of failure to escalate, reduced quality of care planning and care delivery from MDT, delays in discharge, increased complaints.<br>Increased stress to staff working in unfamiliar area and not in regular team | Decision to open made only by Gold<br>Matron allocated to oversee the area.<br>Core equipment moved to area<br>Staff moved from other wards<br>Allocated Physio/Pharmacy support daily. (on call cover as other areas)<br>Always ensure one QEH experienced nurse in area<br>Medical staff identified to review patients daily (on call as other areas)<br>Kitchen aware of opening and ensure menus processed<br>Clarification of admission criteria communicated<br>No admission direct from ED<br>Resus trolley shared with adjacent ward.(Grab bag ordered) | Major | Likely | 16 | High | [Mokate, Deborah Mrs 11/01/18 16:44:35] reviewed at Divisional Board. Risk remains to keep risk rating at 16. Review at least 2 weekly while risk is high. | Major | Rare | 4 | Low | 25/01/2018 |
| 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<br>Final Approval of Workforce Strategy at Trust Board 31.10.2017 | Major | Likely | 16 | High | | Major | Possible | 12 | Moderate | 27/11/2017 |

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| 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.<br>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<br>2. No formal reporting of scans and therefore no governance around the results/ outcome.<br>3. Repeat scans conducted in USS department have no benchmark to assess new scan against.<br>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).<br>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 | Almost Certain | 20 | Extreme / Very High | [Deacon, Lesley Mrs 04/01/18 08:48:37] Dec 17 - Action Plan reviewed and updated | Major | Unlikely | 8 | Moderate | 31/10/2017 |
| 2419 | 12/01/2018 | Med 2 | Short Stay | Green, Mrs Susan | | Major | Almost Certain | 20 | Extreme / Very High | Failure to substantively fill nursing vacant posts within current establishment, currently 15 vacancies on the ward.<br><br>The risk is sub-optimal patient care is given and poor patient experience, poor quality care delivery. This in turn leads to the risk of increased incidents and the results of the standards of care audits are deteriorating<br>Negative impact on nursing moral | Current difficulties/delays in nurse recruitment compounded by increased vacancies with the pressure of fast patient turn arounds cited as a reason for leaving. | Patients – increased risk of sub-optimal care and poor patient experience<br><br>Staff – increased sickness rates do to pressures and negative impact on moral. | Staffing is reviewed 3 times daily looking at patient acuity<br><br>Active recruitment (trustwide)<br><br>Bank/Agency backfill | Major | Almost Certain | 20 | Extreme / Very High | | Major | Unlikely | 8 | Moderate | 28/02/2018 |