

North West Anglia NHS Foundation Trust - Risk Assessment (Admin RISK3)

You should only complete this form if you are either a trained Risk Assessor or a Trust manager with permissions to access the software.

If you are unsure of anything relating to the Risk Register contact [REDACTED] on PCH Ext 7954.

[Click here for User Guide](#)

Risk Description

ID	103063
Title A short headline that clearly articulates the risk	HH - Because of the potential of the main building structure un-surveyed RAAC failure, risk of harm to persons & service int'n.
Ref	
Source of Risk	Risk Assessment
Current approval status	Final approval
Name of Risk Assessor (formerly known as 'Handler')	[REDACTED] Hard FM Manager, Estates
Clinical Lead Select your Clinical Lead	[REDACTED] Chief Medical Officer
Executive Director Select the most appropriate Executive Director if High or Significant risks	[REDACTED] Chief Finance Officer
Line Manager	[REDACTED] Estates & Facilities Director

Description
Please use the following headings and complete each section:

***Description**
***Significant Hazards**
***Adverse Effects**

Description:

Mechanical failure of the main building structure (RAAC panels) at Hinchbrook Hospital

Significant Hazards:

- 1) Mechanical failure of structure in whole or in part
- 2) Disproportionate collapse
- 3) Shear failure of plank
- 4) Health and safety of staff, patients, visitors and contractors
- 4) Contravention of statutory regulation
- 5) Identification of non-standard planks
- 6) Adverse effect on operational capability/ capacity
- 6) Reduced PLACE assessment score
- 7) Outcome 10- safety and suitability of premises.
- 8) Insufficient resources to deliver structural works identified in the backlog plan
- 9) Operational constraints that might hinder access to carry out the works - decant of ward needed.
- 10) Capacity of development and framework team to deliver projects in back log plan.
- 11) Capacity impact on other NHS Trusts after structural failure
- 12) There is a risk that the rate of deterioration of the RAAC panels could lead to the rapid decline of the building, despite remedial structural solutions being put in.
- 13) There is a known risk of potential sudden collapse where there is an insufficient amount of the RAAC panel sat on the end bearing support which could cause the panel to slip from the end bearing. At Hinchbrook, the end bearing risk is not fully known and therefore assumed to be a continued high risk until the end bearings have been supported.
- 14) There is a known risk of sudden collapse affecting services operating directly beneath the roof where the roof areas have not yet been fully structurally supported and where there is ponding on the roof.
- 15) There is a known risk of sudden collapse where deflections greater than L/100 exist within the RAAC panels but are not structurally supported.
- 16) There is a known risk of panel failure or sudden collapse where panels are showing damage or deterioration and remain unsupported. This includes panels with cracking, cuts

or penetrations, water ingress, spalling or delamination, exposed rebar, corrosion, or are identified as potentially being hollow.

17) There is a potential risk to the impact of "failsafe" solutions in terms of the adjusted loading to the framework of the building, and the potential for the solutions to move over time.

18) There is an ongoing risk to ability to spend current and future funding in time due to availability of specialist engineers, availability of materials including steel, and due to clinical pressures.

19) There is a potential risk to health and safety of the impact of noise and vibration from decant/remedial works.

20) There is a potential wellbeing risk to staff temporarily or permanently displaced by remedial works or the decant programme.

21) There is a quality and safety risk for patients being cared for in areas where RAAC panels are not yet supported, in areas where deterioration is seen (e.g. dust/spalling causing IPC concerns), and in areas where loud noise and vibration may be experienced during remedial works.

22) There is a significant risk to the NHS regionally and to the health outcomes for local people in the event that the Hinchingbrooke Hospital site was unable to operate due to an incident.

23) There is a significant risk that the Trust could no longer continue to operate beyond 2030 with no certainty that a replacement hospital will be funded and built in time to meet these timescales.

24) There is a potential risk to recruitment and retention due to the ongoing works programme and uncertainty of the future of the hospital beyond 2030, and this could present a significant service delivery risk.

Adverse Effects:

1) Closure of main hospital building, in whole or part

2) Loss of life due to being struck by falling concrete or reduced capacity to deliver services

3) Major physical injury affecting staff, patients, visitors and contractors.

4) Cancelled procedures

5) Reduced income

6) Prosecution

7) Litigation costs

8) Issue of notices by the HSE

9) Regulator input

10) Adverse publicity

11) Loss of confidence that the Trust can provide a safe environment for the delivery of care

Will this effect Data Quality?
If your risk impacts Data Quality
please email

No

Relevant for Senior Information
Risk Owner (SIRO)?
If this risk is relevant for SIRO
please contact

No

Controls
Please use the following
headings and complete each
section:

Controls:

Full site survey has been carried out and identified the specific risk of each panel.
Exclusions to this survey due to access shall be captured by this risk.

*** Existing Controls** (what
controls are currently in place to
reduce the risk?)

The existing site survey data, albeit influences the overall site risk, does not provide assurance that the risk of RAAC which is unable to be surveyed due to building fabric obstructions is reduced.

*** Extra Controls** (what extra,
realistic controls can be put in
place to reduce the risk?)

Existing controls in place as follows:

1) RAAC Programme Board established.

2) RAAC Specific funding stream established and managed by PB

3) Trust appointed structural engineers [redacted] commissioned to support the Trust with RAAC evaluation and risk assessment

4) Communication strategy established and managed by Trust comms team.

5) Regular EPRR engagement with the funding of a RAAC EPRR specialist approved and advertised.

6) RAAC BCP's created and action cards published to support staff in the event of an incident

- 7) Participation in regional and national events to support wider risk mitigation between Trusts
- 8) Regular reporting on risk and assurance to FAC, PEC & Trust Board.
- 9) Process in place for monitoring the prevalence of deterioration over time and reporting to NHSEI. Process in place for escalating new risks relating to deterioration and call-off contract with structural engineers to seek advice on most appropriate structural solutions. Active participation in the regional RAAC Quality and Risk Summits to identify themes and trends over time.
- 10) Severe weather protocol in place. Remedial works to areas of highest risk identified by structural engineers. Restricted access to the roof and permit system in place.
- 11) Ongoing dialogue with NHSEI finance colleagues to understand and plan for future non-capital impact and potential funding streams.
- 12) Call-off contract with structural engineers. Engineers' reviews of structural solutions. Monitoring of all props and structural supports in line with recommendations from engineers.

Last updated [REDACTED] 24/11/2022 13:57:41

Key Dates

Opened (dd/MM/yyyy) 30/12/2019
Click left mouse on Calendar button to enter date

Next Review Date (dd/MM/yyyy) 30/11/2022
Please choose your review date as per the following protocol:

***High risks** = Review monthly

***Significant risks** = Review monthly

***Moderate risks** = Review 3 monthly

***Low risks** = Review 6 monthly

Date for meeting residual rating 31/12/2030
Applies to all risks (also annotated on Risk Action Card)

Closed date (dd/MM/yyyy)
Risks should only be closed if the risk has actually gone, otherwise downgrade and leave open with an annual review date.

Risk Coding

All risks need to have a type and sub-type

Select an appropriate Risk Type from the drop down menu Buildings, Land, Plant and Equipment (Facilities use only)

Select an appropriate Risk Subtype from the drop down menu Environment

Select an appropriate Risk Grouping from the drop down menu Governance

Risk Location

Select Site from the drop down menu Hinchingsbrooke Hospital

Select appropriate Division from the drop down menu Corporate Services

Select the appropriate Specialty from the drop down menu Estates & facilities - Hinchingsbrooke

Select a Location from the drop down menu All Trust areas (Risk Register use only)

Risk Grading

[Click here to help grade this risk](#)

Initial

Consequence (initial): 5 Catastrophic

Likelihood (initial): 3 Reasonable chance of occurring or may occur (Possible)

Rating (initial): 15

Risk level (initial): SIG

Current

[Click here](#) if Significant, High or Moderate Risk download and complete an Action Card then upload and attach in the 'Documents' section as per instruction on Review Date

Consequence (current): 5 Catastrophic

Likelihood (current): 4 Likely to occur

Rating (current): 20

Risk level (current): HIGH

Residual

Consequence (Residual): 5 Catastrophic

Likelihood (Residual): 1 Will occur in exceptional circumstances (Rare)

Rating (Residual): 5

Risk level (Residual): LOW

Adequacy of controls Adequate

***Uncontrolled** (No controls are in place for the risk)

***Inadequate** (Controls in place are inadequate for the risk)

***Adequate** (Controls in place are adequate for the risk)

Actions

No actions

Action chains

No action chains

Progress notes

No progress notes.

Documents

Created	Type	Description	ID

26/10/2022	Letter	RAC October amended	122291
09/10/2022	Letter	RAC Oct 2022	121843
08/08/2022	Letter	RAC Aug 2022	120303
08/08/2022	Report	Structural Engineers report.	120302
15/06/2022	Letter	RAC May 2022	118807
29/04/2022	Letter	RAC May 2022	117691
11/04/2022	Form	RAC April 2022	117305
09/03/2022	Form	RAC Feb 2022	116330
15/01/2022	Form	RAC (Jan 22)	114734
12/11/2021	Letter	RAC Nov 2021	113288
07/10/2021	Letter	RAC October 2021	112324
07/09/2021	Form	103063 Updated RAC Sept 21	111476
17/08/2021	Form	Revised Risk Action Card (Aug 21)	110930
08/06/2021	Form	Updated RAC June 2021	108793
08/06/2021	Form	103063 Updated RAC June 21	108790
11/05/2021	Form	103063 Updated RAC May 21	108031
14/04/2021	Form	103063 Updated RAC April 21	107316
12/03/2021	Form	Revised RAC (March 21)	106573
13/01/2021	Form	Revised Risk Action Card (Jan 21)	104281
13/11/2020	Form	RAC Nov 2020	102237
15/09/2020	Form	Revised Risk Action Card (15 Sep 2020)	99739
05/08/2020	Form	Revised Risk Action Card (Aug 2020)	98464
13/05/2020	Form	Updated RAC May 2020	96307
16/01/2020	Form	RAC Jan 20	93204
15/01/2020	Form	Risk Communication Dec 19	93183
15/01/2020	Form	Initial Risk Assessment Dec 19	93182

Notepad

Notes

15/01/20: Risk added to Risk Register. Requires RAC prior to submission to HMC.

21/1/20 Risk reviewed. RAC added. For submission to Exec Dir's (22/1/20) for approval.

24/01/2020 Risk reviewed following feedback from executive meeting on 22/01/2020. Final approval given

11/05/2020 Risk score increased and residual risk target score reduced following review by Dir of Estates

13/05/2020 Risk reviewed by updated RAC attached

05/08/2020 Risk reviewed by Revised Risk Action Card attached. Risk rating increased to 20.

15/09/2020 Survey works continue to be carried out. Progress has been delayed due to the requirement that we require additional funding to complete the surveys which needs to be approved by the Finance Committee. Risk reviewed by and revised risk action card attached.

13/11/2020 RAC updated and attached.

13/01/21 [REDACTED] reviewed risk, RAC updated by [REDACTED]

12/03/21 [REDACTED] Risk Action Card updated by Risk Owner

14/04/2021 [REDACTED]: RAC reviewed and updated by [REDACTED]

11/05/2021 [REDACTED]: [REDACTED] reviewed and updated RAC attached.

08/06/2021 [REDACTED]: [REDACTED] reviewed and updated RAC attached.

17/8/21 [REDACTED]: [REDACTED] reviewed and updated RAC attached.

17/8/21 [REDACTED]: Risk reviewed by SIRO. [REDACTED] NHSE/I chair of RECITE. How can patient records (paper or digital) follow the patient in event of evacuation/transfer. Meeting 10/8/21. SIRO advised CMO and [REDACTED]

07/09/2021 [REDACTED]: [REDACTED] reviewed and updated RAC, attached.

07/10/2021 [REDACTED]: Risk updated to reflect non-surveyed RAAC. Additional risk created to register surveyed RAAC (Risk ID:103442). Date for meeting residual rating currently set for Jan 2022, unrealistic and needs agreement at FAC as to actual planned date. RAC updated. Risk owner updated to [REDACTED]

08/10/2021 [REDACTED] - Risk title updated

12/11/2021 [REDACTED] - RAC updated and attached. Close date adjusted to anticipated programme end date of March 2025

12/11/21 [REDACTED] - Status amended to 'finally approved' as previously changed in error.

15/01/22 [REDACTED] - Risk updated following discussion with [REDACTED] (no access to Datix). Revised RAC to be attached to update Jan 22 position.

09/03/22 [REDACTED] - Risk updated with minor changes, expected to be major adjustment to risk following completion of 2021/22 works.

01/04/22 [REDACTED] - Emailed risk handler to ask for risk to be reviewed as review date has passed.

7/4/22 [REDACTED] Risk owner emailed and update requested.

09/04/22 [REDACTED] - Risk reviewed emailed risk owner to update RAC - pending survey results

11/04/22 [REDACTED] - RAC Updated and saved to risk.

29/04/22 [REDACTED] - RAC updated and saved to risk. Date for meeting residual risk level extended out to 2035 as detailed in the RAC.

15/06/22 [REDACTED] RAC updated and saved to risk.

01/08/2022 [REDACTED] No change in unsurvey RAC Risk. [REDACTED] chased for updated RAC

08/08/2022 [REDACTED] - RAC updated. Structural Engineers report attached. Date for meeting residual set to 2030.

09/10/2022 [REDACTED] RAC Updated.

Assurances

No values

Controls

No values

Assurance

Where has the assurance come from that this risk has been managed?

Principal objectives

Assurance sources

Gaps in controls

No values

Gaps in assurances

No values

Communication and feedback

Recipients

Message

Message history

Date/Time

Sender

Recipient

Body of Message

Attachments

No messages

Linked Records

No Linked Records.