

All High and significant risks require a risk action card to be completed and updated (monthly for high and 3 monthly for significant) and uploaded to the risk register

Updated: 26th October 2022

Risk Register Number: 103063	Risk Assessor /Owner:	Line Manager:	Executive Lead:	Current Risk rating:	Target Risk rating:
				4x5 = 20	5 x 1 = 5
Risk Description: <u>RAAC which has not been surveyed</u> Because of the construction/ lifespan of the RAAC roof planks, there is a risk of failure of the main building structure (RAAC panels) at Hinchingbrooke Hospital, which could lead to significant injury or death.					Expected date to reach target: 2030 (Replacement of HH).
Significant Hazards: 1) Mechanical failure of structure in whole or in part 2) Disproportionate collapse 3) Shear failure of plank 3) 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					

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

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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

What Controls are currently in place to mitigate the risk:

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.

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. It is felt that the only mitigation of this risk would be to vacate the affected areas. At this time, a time line for this is undetermined however a backstop for this is imposed by NHSEI as 2035, further compounded by an NHSE commissioned [REDACTED] Structural Review of the 5 regional RAAC hospitals bringing this time frame forward to 2030. This is now reflected in the risk date for achieving the residual rating.

Existing controls in place as follows:

- 1) RAAC Programme Board established.
- 2) RAAC Specific funding stream established and managed by [REDACTED]
- 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) A programme of further access being obtained has been commenced within FY 2022/23.

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Action taken in last month	Action to be taken	Other Comments
<ul style="list-style-type: none">Previously obscured RAAC within ward main corridors and service wing exposed and surveyed. No additional findings.Contractor appointed to install EB and FS to RAAC within 4 wards and service wing, an aspect of these works will be exposing previously covered RAAC, surveying it, then installing the structural intervention.	<ul style="list-style-type: none">Commence works to wards and service wing.Review statistics of previously covered RAAC compared to the expected exposed level by the end of this FY.	

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