The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	4 May 2021	**Agenda item:**	15
Report Title:	Report on Significant Risks contained within the Trust's Risk Register (All risks with a current score of 15 or more)		
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Executive Sponsor:	Louise Notley - Director of Patient Safety		

Implications					
Link to key strategic objectives *[highlight which KKSO(s) this recommendation aims to support]*					
KSO1	**KSO2**	KSO3	KSO4	KSO5	KSO6
Safe and compassionate care	***Modernise hospital and estate***	*Staff engagement*	*Partnership working, clinical and financial sustainability*	*Healthy lives staff and patients*	*Investing in our staff*

Board assurance framework	KSO 1 KSO 2	
Significant risk register	All Significant Risks – Report attached	
	Y/N	If Yes state impact/ implications and mitigation
Quality	Y	
Legal and regulatory	Y	
Financial	Y	

Assurance route	
Previously considered by:	Assurance and Risk Executive Group (A&REG) Board Sub - Committees

Executive summary					
Action required: *[highlight **one** only]*	Approval	Information	Discussion	**Assurance**	Review
Purpose of the report:	This report is intended to provide the Board with assurance regarding the management of all risks classified as 'significant' (Risks scoring 15 and above) currently contained on the Trust's Significant Risk Register.				
Summary of Key issues:	In accordance with the 2019 - 2022 Risk Strategy approved by the Board, this report contains information relating to the management of all risks classified as 'significant' (risks scoring 15 and above) on the Trust's Significant Risk Register. Divisional Leadership Teams (DLTs) are responsible for reviewing moderate risks (those graded at 8-12). DLTs also review any significant risks relevant to their division prior to review at the Trust's Assurance & Risk Executive Group. All significant risks also have nominated Executive leads who approve the risk review each month. There are currently (as of				

	22 April 2021) 11 approved significant risks included on the Trust's Risk Register as follows: • 1 risk scoring 20+ • 8 risks scoring 16 • 2 risks scoring 15 Significant risks are aligned to the Trust's Key Strategic Objectives and principal risks as included in the Board Assurance Framework (BAF). A summary of the Key Strategic Objectives and alignment of existing significant risks is attached as Appendix 1. Principal risks for each of the Key Strategic Objectives have been approved as part of the implementation of the BAF. There were three significant risks that were downgraded at the Assurance and Risk Executive Group in April 2021: • Risk ID 2483 – KSO 1 - Quality CQC Section 31 and Section 29A Risk of further regulatory notices – the likelihood of this risk was downgraded from Likely (4) to Possible (3), in light of written notice being received of 10 more section 31 notices being removed by the CQC. This risk is now scored at 12, meaning it is no longer considered a significant risk. • Risk ID 2699 – KSO 1 – Quality Risk to Service Delivery during COVID-19 Pandemic - the likelihood of this risk was downgraded from Possible (3) to Unlikely (2), in light of the continuing reduction in the number of COVID-19 positive inpatients. This risk is now scored at 10, meaning it is no longer considered a significant risk. • Risk ID 2703 – KSO 1 – Quality Risk of COVID-19 Pandemic affecting staffing levels in Medicine – the likelihood of this risk was downgraded from Possible (3) to Unlikely (2), in light of both the improving local and national position in relation to COVID-19, and the improving staffing position within the Medicine Division. This risk is now scored at 10, meaning it is no longer considered a significant risk. Following discussion at Senior Leadership Team in April it was agreed risks 2699 and 2703 need to be rearticulated to reflect the move to restoration and recovery. This review will be undertaken with the risk owners and discussed at the May AREG in line with governance arrangements. There were two risks that were approved for addition to the Trust significant risk register: • Risk ID 2849 - Unavailability of digital clinical systems due to a cyber incident. It was proposed that this risk supersede and replaces risk 2343 on the significant risk register, as part of a re-design of the cyber risk register. This risk was approved for addition to the significant risk register, with a grading of Major (4) x

	Likely (4) = 16. As the risk is in relation to the Trust's cyber activity, it will be aligned to KSO 2 – Quality. • Risk ID 2853 - Clinical or other personal confidential data is stolen as a result of a cyber incident. This risk was approved for addition to the significant risk register, with a grading of Major (4) x Likely (4) = 16. As the risk is in relation to the Trust's cyber activity, it will also be aligned to KSO 2 – Quality. There was one risk that was approved for closure and removal from the Trust significant risk register: • Risk ID 2343 – The threat of the Trust's day to day operations being compromised by Cyber Crime. As indicated above, this risk will be replaced by the newly designed risk ID 2849. A detailed report of all Risk Register entries as of 22 April 2021 currently scoring 15+ is attached as appendix 2 to this report.
Recommendation:	The Board is invited to: • Note the contents of the report • Receive assurance relating to the management of existing Significant Risks
Acronyms	DLT - Divisional Leadership Teams

REPORT

1. Introduction

Divisions review their significant (15 and above) risks on a monthly basis and their moderate (8-12) risks at least every three months as part of their Divisional Board meetings. The Assurance & Risk Executive Group (AREG) receives a report from each Division detailing the review undertaken and the current position for all significant and moderate risks. A separate report detailing all significant risks across the Trust is also received.

Significant risks are aligned to the Trust's Key Strategic Objectives as detailed in the BAF for 2020 / 21. All significant risks are aligned to the six Key Strategic Objectives as shown below, along with responsible committees and lead Executive Directors. This alignment is shown in full in **Appendix 1**.

BAF ALIGNMENT	NUMBER
KSO 1 QUALITY - Safe & Compassionate Care	7 (including principal risk)
KSO 2 QUALITY - Estate & Infrastructure	4 (including principal risk)
KSO 3 ENGAGEMENT – Staff Engagement & Culture	0
KSO 4 ENGAGEMENT – Patient Pathways & Sustainability	0
KSO 5 HEALTHY LIVES – Patient Outcomes	0
KSO 6 HEALTHY LIVES – Maximising Staff Potential	0

2. Summary position Significant Risks

There are currently **11** significant risks on the Risk Register.

Current Significant Risk scoring profile:

Score	January Board Report	February Board Report	March Board Report	April Board Report	Current Position
20	**1**	**2**	**2**	**1**	**1**
16	**8**	**7**	**6**	**7**	**8**
15	**5**	**6**	**6**	**5**	**2**
Total	**14**	**15**	**14**	**13**	**11**

There were three significant risks that were downgraded at the Assurance and Risk Executive Group in April 2021:

- Risk ID 2483 – KSO 1 - Quality
  CQC Section 31 and Section 29A Risk of further regulatory notices – the likelihood of this risk was downgraded from Likely (4) to Possible (3), in light of written notice being received of 10 more section 31 notices being removed by the CQC. This risk is now scored at 12, meaning it is no longer considered a significant risk.

- Risk ID 2699 – KSO 1 – Quality
  Risk to Service Delivery during COVID-19 Pandemic - the likelihood of this risk was downgraded from Possible (3) to Unlikely (2), in light of the continuing reduction in

the number of COVID-19 positive inpatients. This risk is now scored at 10, meaning it is no longer considered a significant risk.

- Risk ID 2703 – KSO 1 – Quality
  Risk of COVID-19 Pandemic affecting staffing levels in Medicine – the likelihood of this risk was downgraded from Possible (3) to Unlikely (2), in light of both the improving local and national position in relation to COVID-19, and the improving staffing position within the Medicine Division. This risk is now scored at 10, meaning it is no longer considered a significant risk.

Following discussion at Senior Leadership Team in April it was agreed risks 2699 and 2703 need to be rearticulated to reflect the move to restoration and recovery. This review will be undertaken with the risk owners and discussed at the May AREG in line with governance arrangements.

There were two risks that were approved for addition to the Trust significant risk register:

- Risk ID 2849 - Unavailability of digital clinical systems due to a cyber incident. It was proposed that this risk supersede and replace risk 2343 on the significant risk register, as part of a re-design of the cyber risk register. This risk was approved for addition to the significant risk register, with a grading of Major (4) x Likely (4) = 16. As the risk is in relation to the Trust's cyber activity, it will be aligned to KSO 2 – Quality.

- Risk ID 2853 - Clinical or other personal confidential data is stolen as a result of a cyber incident. This risk was approved for addition to the significant risk register, with a grading of Major (4) x Likely (4) = 16. As the risk is in relation to the Trust's cyber activity, it will also be aligned to KSO 2 – Quality.

There was one risk that was approved for closure and removal from the Trust significant risk register:

- Risk ID 2343 – The threat of the Trust's day to day operations being compromised by Cyber Crime. As indicated above, this risk will be replaced by the newly designed risk ID 2849.

4. Significant Risks aligned to KSO 1

RISK ID	SUMMARY DESCRIPTION	EXECUTIVE OVERSIGHT	PREVIOUS SCORE (CXL)	CURRENT SCORE (CXL)	TARGET SCORE (CXL)	COMMENTARY
2592	**KSO 1 Principal risk** There is a risk that patients may receive sub-optimal care / treatment, with failures in: - Outcomes - Safety - Experience	Medical Director	Major (4) x Likely (4) **= 16**	Major (4) x Likely (4) **= 16**	Major (4) x Rare (1) **= 4**	Risk reviewed at AREG in April 21, with the amendments to the controls approved. No changes to the risk grading were proposed. Risk reviewed and approved by medical director in April 21. Amendments made to the controls based on staffing vacancies filled and clinical review group resuming. No changes to the risk score were proposed at this time. Risk reviewed at AREG in March 21. The changes to the controls were noted, and no change to the risk grading was proposed.
2634	There is a significant risk that patients will not receive timely cancer treatment in line with the 62 day referral to cancer waiting time standards.	Chief Operating Officer	Major (4) x Likely (4) **= 16**	Major (4) x Likely (4) **= 16**	Minor (2) x Possible (3) **= 6**	Risk reviewed at AREG in April 21. The amendments to the controls were noted and approved. No changes to the risk score were proposed at this time. Risk reviewed by COO and deputy COO in April 21. Although risk was approved a minor amendment to the risk controls was requested. Verbal update provided by lead nurse for cancer. Risk narrative slightly amended to reflect colorectal surgery recommencing in February. No changes to the risk score are recommended at present. Risk reviewed at AREG in March 21. Although the risk was approved, a changing to the narrative was requested as most recent review suggested that all cancer surgery was paused which was not the case except for colorectal

						surgery.
2679	There is a risk that patients reaching the end of their life do not have an Individualised Plan Of Care (IPOC). This is a 'must do' recommendation from the CQC	Chief Nurse	Major (4) x Likely (4) **= 16**	Major (4) x Likely (4) **= 16**	Moderate (3) x Possible (3) **= 9**	Risk reviewed at AREG in April 21. Although the changes to the controls were approved, the director of nursing noted that more controls could be added in relation to the recent changes to the end of life team. Risk manager to work with DoN to make these amendments. Risk reviewed by Chief Nurse in April 21; changes to the controls were approved. Risk reviewed by Deputy Medical Director in April 21, with controls amended. No changes to risk scoring proposed at this time. Risk reviewed at AREG in March 21. The changes to the controls and risk description were approved. No change to the risk scoring was proposed, as work towards compliance is ongoing.
2643	There is a risk that patients are unable to access safe and effective diagnostic imaging at the Trust to service level standards, which may affect their clinical care, due to insufficient staff in diagnostic imaging.	Medical Director	Major (4) x Likely (4) **= 16**	Major (4) x Likely (4) **= 16**	Moderate (3) x Rare (1) **= 3**	Risk reviewed at AREG in April 21. The risk narrative was discussed; the risk manager queried if this should perhaps be a Trust-wide risk, if all divisions were having issues with waiting times. The governance manager for radiology advised that this risk is not just about waiting times, but also about staffing levels and the overall culture within radiology. Risk to remain specific to radiology. Risk approved by medical director. Governance manager for CSS to provide an update on current waiting times and backlog for scans at AREG on 20 April 2021. Update provided by governance manager for

						CSS. Risk remains the same, with no significant changes to controls. Substantial vacancies remain within radiology. Risk reviewed at AREG in March 21. No change to the risk score was proposed. Substantial vacancies currently remain within radiology. However, the controls remain the same, and greater assurance of the controls is in development.
2199	There is a risk that patients will have a poor experience in the Accident and Emergency Department due to the Trust not meeting its strategic objectives and not achieving the 4 hour waiting time target.	Chief Operating Officer	Moderate (3) x Almost Certain (5) = **15**	Moderate (3) x Almost Certain (5) = **15**	Moderate (3) x Possible (3) **= 9**	Risk reviewed at AREG in April 21. The request for additional clarity in relation to the risk narrative was noted, and has now been actioned. No changes to the risk grading were proposed at this time. Risk reviewed by COO and deputy COO. Although risk was approved, additional clarity was requested in relation to the risk narrative. Email sent to division leads for urgent action. Risk reviewed at AREG in March 2021. Although the current ED footprint is functional, it is not felt to be sustainable in the long term. A task and finish group has been established in relation to changing the footprint. Risk grading to remain the same.
2244	Lack of MH beds in the community leading to a potential 12 hour A&E breach	Chief Nurse	Moderate (3) x Likely (4) **= 12**	Major (4) x Likely (4) **= 16**	Moderate (3) x Unlikely (2) **= 6**	Risk reviewed at AREG in April 21. Although it was noted and agreed that Trust escalation processes have improved, no changes to the risk grading were proposed due to there being no changes to the external mitigations. Risk reviewed by COO and Deputy COO. Although Trust escalation processes have improved, there have been no changes to external mitigations in place. Risk grading to remain the same.

						Risk reviewed at AREG in March 2021. Risk grading to remain the same; the acuity and number of mental health patients presenting at ED may increase as the trend has been post-lockdown. Mental Health Trusts have not as yet made any further mitigations.
2793	Risk of inconsistent care delivery due to enhanced care needs of patients	Chief Nurse	Major (4) x Likely (4) **= 16**	Moderate (3) x Almost Certain (5) **= 15**	Minor (2) x Possible (3) **= 6**	Risk reviewed at AREG in April 21. Although a potential change to the risk grading was queried, it was agreed that the risk grading should not be changed at this time as the operational situation may be subject to change and staff's inconsistent application of enhanced care guidance. Risk reviewed by Chief Nurse on 06.04.21. Risk controls were approved. It was queried if the risk likelihood could be reduced. Query taken back to division for input. Risk reviewed at AREG in March 21. No changes to the risk grading were proposed at this time, however, it was noted that this risk may be suitable for downgrading further down the line should the situation continue to improve.

Significant Risks aligned to KSO 2

Risk ID	Summary description	Executive Oversight	Previous Score (CxL)	Current Score (CxL)	Target Score (CxL)	Commentary
2757	**KSO 2 – Principal risk** There is a risk that patients may receive sub-optimal care/treatment, with failures associated with: • Estate • Digital Infrastructure • Medical equipment	COO	Major (4) x Almost certain (5) **= 20**	Major (4) x Likely (4) **= 16**	Major (4) x Unlikely (2) **= 8**	Risk reviewed at AREG in April 21. No changes to the risk grading were proposed. It was noted that this risk will pass to the director of finance for exec ownership as of this month. Risk reviewed and approved by COO and deputy COO. No changes to the risk score were proposed at this time. Risk reviewed at AREG in March. No changes to the risk scoring were proposed. Risk reviewed by director of finance. Slight amendments made to controls, risk to remain as graded.
392	There is a direct risk to life and safety of patients, visitors and staff due to the potential of catastrophic failure of the roof structure due to structural deficiencies.	Chief Operating Officer	Catastrophic (5) x Likely (5) **= 25**	Catastrophic (5) x Likely (4) **= 20**	Major (4) x Rare (1) **= 4**	Risk was reviewed and approved at AREG in April, with a verbal update from the Health and Safety Manager noted. No changes to the risk grading were proposed. Progress Update 20.04.21: Castons have carried out a detailed survey of approx. 45% of the roof and advised that there is approx. 4-5 months remaining to complete the work. Further to this, there is another 2 months' work to survey all external RAAC wall panels. As at 20.04.21, 16 more Acrow props have been installed, there are now 61 props in place in total, the locations of which are

						mapped. An additional 32 timber beam failsafe's have been fitted, which has saved installing that same amount of Acrow props again, which would have otherwise impacted on services. Wherever possible, timber beam fail safes will be installed going forward as an alternative to Acrow;s in order to preserve and maintain bed spaces and access routes. Risk reviewed and updated 25.03.21: The total number of roof planks identified on the plans is 7,881 (the estimate was 10,000) The number of planks fully surveyed is 3,156, The percentage surveyed is 32% Following survey work undertaken to date there are 131 props around the site. There are 90 defective planks plus the 75 identified in the gym, previously estimated at 100 planks, total is 165 planks, across 42 areas of the Trust. The CCU work remains on track for completion and a separate risk will be added to the register to reflect CCU.
2849	Unavailability of digital clinical systems due to a cyber incident	Deputy CEO	Catastrophic (5) x Likely (4) = 20	Major (4) x Likely (4) = 16	Moderate (3) x Possible (3) = 9	Risk reviewed at AREG April 21, and approved for addition to the Trust significant risk register. Risk reviewed and approved by head of digital. Risk has also been reviewed and

						approved by Deputy Chief Executive, and will be presented at AREG on April 20 for addition to the Trust significant risk register.
2853	Clinical or other personal confidential data is stolen as a result of a cyber incident	Deputy CEO	Major (4) x Likely (4) = 16	Major (4) x Likely (4) = 16	Moderate (3) x Possible (3) = 9	Risk reviewed at AREG April 21, and approved for addition to the Trust significant risk register. Risk reviewed and approved by Head of Digital. Risk has also been reviewed and approved by deputy Chief Executive, and will be presented at AREG on April 21 for addition to the Trust significant risk register.

Significant Risks aligned to KSO 1 Downgraded to Moderate

2699	There is a risk that a Covid-19 pandemic will result in the Trust being overwhelmed with an increase in infectious patients experiencing acute respiratory symptoms and requiring admission and / or intensive care. There is also a risk that a significant proportion of staff will experience sickness or be required to self - isolate or commence social distancing and be away from work. This could result in the hospital being unable to safely and effectively manage or isolate infectious patients and deliver it's normal services or standards of care.	Chief Operating Officer	Catastrophic (5) x Possible (3) **= 15**	Catastrophic (5) x Unlikely (2) **= 10**	Catastrophic (5) x Rare (1) **= 5**	Risk discussed at AREG in April 21. The likelihood of this risk was downgraded from Possible (3) to Unlikely (2), in light of the continuing reduction in the number of COVID-19 positive inpatients. This risk is now scored at 10, meaning it is no longer considered a significant risk. Risk reviewed at AREG in March 21. The risk scoring was downgraded from likely (4) to possible (3), changing the overall scoring to 15, meaning it remained a significant risk. The number of inpatients confirmed to having Covid-19 has decreased significantly over the last few weeks, with one ward de-escalated and another planned for de-escalation. Risk reviewed by COO. Wording of the controls has been amended. A change to the wording and scoring of the risk has also been suggested due to ongoing immunisation drive, with local and national Covid-19 cases dropping.
2703	**Medicine division – COVID 19** There is a risk that a significant proportion of staff will experience sickness or be required to self-isolate or commence social distancing and be away from work. This could result in the division's ability to treat patients safely and effectively being compromised.	Chief Operating Officer	Catastrophic (5) x Possible (3) **= 15**	Catastrophic (5) x Unlikely (2) **= 10**	Catastrophic (5) x Rare (1) **= 5**	Risk discussed at AREG in April 21. The likelihood of this risk was downgraded from Possible (3) to Unlikely (2), in light of the continuing reduction in the number of COVID-19 positive inpatients, as well as the improving staffing position within the medicine division. This risk is now scored at 10, meaning it is no longer considered a significant risk. Risk reviewed at AREG in March 21.

						Although the narrative in relation to staffing absences is improving, the focus should now shift on return to work for staff members on long-term sick leave. Risk to be reallocated to Director of People (pending approval) for Exec Ownership, and risk scoring to remain the same. Risk has been reviewed by COO. Staff Covid-19 vaccinations have been added as a control. It was also suggested that the risk level could be reviewed in light of the ongoing vaccination drive.
2483	There is a risk of reputational damage to the trust if regulatory notices from the CQC (Section 31 and Section 29A notices) are not removed or acted on effectively.	Medical Director	Major (4) x Likely (4) **= 16**	Major (4) x Possible (3) **= 12**	Major (4) x Rare (1) **= 4**	Risk reviewed at AREG in April 21. The likelihood of this risk was downgraded from Likely (4) to Possible (3), in light of written notice being received of 10 more section 31 notices being removed by the CQC. This risk is now scored at 12, meaning it is no longer considered a significant risk. Risk reviewed at AREG in March 2021. There are currently only 7 section 31 notices remaining. This risk may be considered for downgrade once the formal notice has come through in relation to the other section 31s being lifted.

Significant Risks aligned to KSO 2 that have been closed:

2343	Risk of disruption to the delivery of services, loss of confidential information, detrimental effect on the Trust's reputation, financial impact due to a cyber-crime attack.	Deputy Chief Executive	Catastrophic (5) x Possible (3) **= 15**	Catastrophic (5) x Possible (3) **= 15 (now closed)**	Major (4) x Unlikely (2) **= 8**	Risk reviewed at AREG in April 21. This risk will be replaced by the newly designed risk ID 2849. Risk reviewed and approved at AREG in March 21. A slight amendment to the controls was requested which has now been actioned. Risk reviewed and approved by Deputy CEO. Risk grading to remain the same.

5. Summary and further actions

This report, and the accompanying appendix 2 from the Risk Register, summarise all significant risks currently contained on the Risk Register (as of 22 April 2021). All risks have been reviewed by the relevant Executive Director during the last month and also at the previous Assurance & Risk Executive Group meeting in February 2021. The report and annex describe any changes which have been undertaken during the risk reviews and also details progress in mitigating risks towards target levels.

The Board is invited to:

- Note the contents of the report
- Receive assurance relating to the management of significant risks

APPENDIX 1: KEY STRATEGIC OBJECTIVE	PRINCIPAL RISK	LEAD EXEC	MONITORING COMMITTEE	ALIGNED SIGNIFICANT RISKS
1: QUALITY To consistently provide safe and compassionate care for our **patients** and their families	**2592 - Current Rating 4 x 4 = 16** There is a risk that patients may receive sub-optimal care / treatment, with failures associated with: • Outcomes • Safety • Experience	Chief Nurse & Medical Director	Quality Committee	2199 – A&E performance 2634 – Cancer waiting times 2679 – End of Life Care 2643 – Diagnostic Imaging 2244 - Lack of MH beds in the community 2793 - Risk of inconsistent care delivery due to enhanced care needs of patients
2: QUALITY To modernise our **hospital** (estate, digital infrastructure and medical equipment) to support the delivery of optimal care	**2757 – Current Rating 4 x 4 = 16** There is a risk that patients may receive sub-optimal care / treatment, with failures associated with: • Estate • Digital Infrastructure • Medical equipment	Chief Operating Officer	Finance & Activity Committee	392 – Roof 2849 – Loss of digital systems due to a cyber incident 2853 – Loss of confidential data due to a cyber incident
3: ENGAGEMENT To strengthen staff engagement to create an open culture with Trust at its centre	**2758 - Current Rating 4 x 3 = 12** There is a risk that Trust leaders may be unable to strengthen staff engagement and trust impacting on the development of an open culture at the Trust **2791 – Current Rating 3 x 4 = (12)** There is a risk that the underlying organisational culture impacts on the improvements that are necessary to patient and staff experience which will prevent QEH moving forward at the required pace. Specifically, there is a requirement for urgent and significant improvement in relation to staff attitudes and behaviours	Deputy CEO	People Committee	No Significant Risks aligned
4: ENGAGEMENT To work with **patients** and **system partners** to improve patient pathways and ensure clinical and financial sustainability	**2759 - Current Rating 4 x 3 = 12** There is a risk that the Trust is unable to work effectively with patients and system partners to improve patient pathways. This could impact the Trust's ability to ensure clinical and financial sustainability.	Finance Director	Finance & Activity Committee	No Significant Risks aligned
5: HEALTHY LIVES To support our **patients** to improve health and clinical outcomes	**2760 - Current Rating 4 x 3 = 12** There is a risk that the Trust is unable to adequately support our patients to improve their health and clinical outcomes	Medical Director	Quality Committee	No Significant Risks aligned

6: HEALTHY LIVES To maximise opportunities for our **staff** to achieve their true potential so that we deliver outstanding care	**2761 - Current Rating 4 x 3 = 12** There is a risk that Trust leaders are unable to maximise opportunities for staff which could impact on the ability of staff to deliver outstanding care	Director of People	People Committee	No Significant Risks aligned