The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	6 July 2021	**Agenda item:**	13
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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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) People Committee Finance and Activity Committee Quality Committee

Executive summary

Action required: *[highlight **one** only]*	Approval	Information	Discussion	**Assurance**	Review

Purpose of the report:	This report is 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:	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 (as of 22 June 2021) 8 approved significant risks included on the Trust's Risk Register: • 2 risks scoring 20 • 6 risks scoring 16

	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 are being approved as part of the implementation of the BAF. At the A&REG meeting on 15 June, approval was given to downgrade one Significant risk, therefore removing it from the Trust's Significant Risk Register. This was Risk ID 2199: *Timely Access to Emergency Care including Ambulance Handover and Time Spent in the Emergency Department.* Approval was also given for downgrading one of the Principal Risks for KSO 3 (Risk ID 2758: *Staff Engagement*), with the grading being changed to Moderate (3) x Possible (3) = 9, having previously been scored as 12. The Principal risk for KSO 1 (Risk ID 2592), which is currently a 16, was discussed in detail. It was noted that the overall picture in relation to significant risks aligned to KSO 1 has improved considerably in recent months, with five other significant risks being downgraded to moderate. However, it was agreed that the current risk grading remains appropriate. A detailed report of all Risk Register entries as of 22 June 2021 currently scoring 15+ is attached as Appendix 2.
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 (A&REG) 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 new 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
KSO1 QUALITY - Safe & Compassionate Care	4 (including principal risk)
KSO2 QUALITY - Estate & Infrastructure	4 (including principal risk)
KSO3 ENGAGEMENT – Staff Engagement & Culture	0
KSO4 ENGAGEMENT – Patient Pathways & Sustainability	0
KSO5 HEALTHY LIVES – Patient Outcomes	0
KSO6 HEALTHY LIVES – Maximising Staff Potential	0

2. Summary position Significant Risks

There are currently 8 significant risks on the Risk Register.

Current Significant Risk scoring profile:

Score	February Board Report	March Board Report	April Board Report	May Board Report	June Board Report	Current Position
20	2	2	1	1	2	2
16	7	7	7	8	6	6
15	6	5	5	2	1	0
Total	15	14	13	11	9	8

At the A&REG meeting on 15 June, approval was given to downgrade one significant risk, therefore removing it from the Trust's Significant Risk Register. Risk, ID 2199: *Timely Access to Emergency Care including Ambulance Handover and Time Spent in the Emergency Department* – A robust discussion was held in relation to this risk grading. It was noted that this whilst the number of patients attending the Emergency Department has increased following the easing of lockdown restrictions, this has not resulted in patient harm, with controls in place for ensuring any impact on patient's safety is minimised. This aligns with evidence from incidents and complaint data. It was agreed the current risk 'likelihood' can be downgraded from Almost Certain to Likely resulting in a risk score of 12 = Moderate (3) x Likely (4).

Approval was given for downgrading one of the Principal Risks for KSO 3 (Risk ID 2758: *Staff Engagement*). Having previously been graded at Major (4) x Possible (3) = 12, it was agreed that Risk 2758 would be regraded at Moderate (3) x Possible (3) = 9, following the good uptake of the Leading with Values and Values into Action workshops. Further leadership development and activities are also in planning for delivery in 2021/22.

The Principal risk for KSO 1 Risk ID 2592: *There is a risk that patients may receive sub-optimal care / treatment,* is currently a 16. This risk was discussed in detail. It was noted that the overall picture in relation to the significant risks aligned to KSO 1 has improved considerably in recent months, with five significant risks being downgraded to moderate. However, it was agreed that the current risk grading for Risk 2592 remains appropriate, as further progress is required to ensure the risk is mitigated to moderate levels. The increase in operational pressures as a result of restoration and recovery from COVID-19 with the re-opening of escalation beds has the potential to impact on this principle risk.

A detailed report of all Risk Register entries as of 22 June 2021 currently scoring 15+ is attached as Appendix 2.

3. Significant Risks aligned to KSO1

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 Almost Certain (5) **= 20**	Major (4) x Likely (4) **= 16**	Major (4) x Rare (1) **= 4**	Risk reviewed at AREG in June 21, with robust discussion around the current grading. It was noted that this is the principal risk for KSO 1, and the overall picture in relation to significant risks aligned to KSO 1 has improved considerably in recent months, with four other significant risks being downgraded to moderate. However, it was agreed that the current risk grading remained appropriate, as further progress is required to ensure the risk is mitigated to moderate levels. It was also noted that with more activity undertaken as the Trust returns to "business as usual," there will be a further impact on staffing and resources. Risk reviewed by Medical Director in June 21, with slight amendments to controls to reflect latest assurance. No changes to the risk grading were 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	Moderate (3) x Almost Certain (5) **= 15**	Major (4) x Likely (4) **= 16**	Minor (2) x Possible (3) **= 6**	Risk reviewed at AREG in June 21. No changes to the risk grading were proposed. Risk reviewed by COO in June 21. A slight amendment to the controls was requested which has now been actioned. No changes to the risk grading were proposed. Risk reviewed by Surgical team, including Surgery Governance Manager. Risk cause and controls were reworded to reflect current position. No changes to the risk grading were proposed.

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 June 21. The culture review actions and CQC actions will be amalgamated into the narrative of the risk in order to underpin the risk cause. No changes to the risk grading were proposed, and it was noted that diagnostic scanning demand may increase, with no changes to scanning capacity. Risk reviewed by Medical Director in June 21, with changes to the narrative and controls approved. No changes to the risk grading were proposed. Risk reviewed by CSS Governance Manager. Existing controls were updated to include details relating to the recent cultural review work within Radiology, and the resultant development of a quality improvement action plan incorporating the existing CQC Should and Must Do actions. In tandem with this is the review and implementation of the new national rollout of clinical prioritisation standards for diagnostic imaging, which will be utilised to inform KPI's and other metrics of performance management to ensure evidence of assurance that this risk is being managed and mitigated.
2244	Lack of MH beds in the community leading to a potential 12 hour A&E breach	Chief Operating Officer	Moderate (3) x Likely (4) **= 12**	Major (4) x Likely (4) **= 16**	Moderate (3) x Unlikely (2) **= 6**	Risk reviewed at A&REG in June 21. It was agreed that the risk grading was appropriate given a number of patients with mental health (MH) needs continue to breach the 12-hour standard. MH / Acute Provider Gap analysis to be undertaken and will inform the risk. Risk reviewed by COO in June 21. Changes to the controls have been approved. No changes to the risk grading were proposed.

						Risk reviewed with DLT in June 21. The requested amendment to the controls (in relation to the MH Trust taking part in all related SI investigations) has been actioned. No changes to the risk grading were proposed.

4. **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	Director of Finance	Major (4) x Almost certain (5) **= 20**	Catastrophic (5) x Likely (4) **= 20**	Major (4) x Unlikely (2) **= 8**	Risk reviewed at AREG in June 21, no further changes requested. Risk reviewed by Director of Finance in June 21. The changes to the controls were approved. No changes to the risk grading were proposed. Risk reviewed by Deputy COO. Controls amended to give greater detail on the medical equipment section of the risk.
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.	Director of Finance	Catastrophic (5) x Likely (4) **= 20**	Catastrophic (5) x Likely (4) **= 20**	Major (4) x Rare (1) **= 4**	Risk reviewed at AREG in June 21. The latest update from the Health and Safety Manager was noted and approved. An intrusive survey is to be undertaken. A monthly report is currently being sent to NHSEI in relation to bed closures caused by roof concerns. There was also a query in relation to any IPC concerns caused by the wooden props in usage, which will be addressed in the next Health and Safety update. Risk reviewed by Director of Finance in June 21. A slight amendment was made to the update from the Health and Safety manager in June 21. No changes to the risk

						grading were proposed. Update from Health and Safety Manager in June 21: The non-intrusive radar survey from the roof surface is complete and the data analysis is underway. Results are expected back in June. Intrusive investigation works will commence the first week of June - from above and below the roof. This will be coordinated with the site team, nursing team and the IP&C team. Tap and test survey is 63% complete. The recent heavy rain has resulted in several roof leaks across the site. Roofing contractors are on site and ongoing repairs are being made.
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 in June 21. Assurance was given that the risk had received the appropriate levels of scrutiny, and gone through the correct review channels, within month. No changes to the risk grading were proposed. Risk reviewed and approved by Deputy CEO in June 21, with no changes to the risk grading proposed. Risk reviewed at digital risk review meeting attended by key digital personnel, including head of digital. Controls and narrative of the risk remain up to date, with the risk receiving regular reviews at the digital forum. No changes to the risk grading were proposed.

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 in June 21. Assurance was given that the risk had received the appropriate levels of scrutiny, and gone through the correct review channels, within month. No changes to the risk grading were proposed. Risk reviewed and approved by Deputy CEO, with no changes to the risk grading proposed. Risk reviewed at digital risk review meeting attended by key digital personnel, including head of digital. Controls and narrative of the risk remain up to date, with the risk receiving regular reviews at the digital forum. No changes to the risk grading were proposed.

5. Risks downgraded from the Trust significant risk register in June 2021

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 Likely (4) = **12**	Moderate (3) x Possible (3) **= 9**	Risk reviewed at AREG in June 21. There was robust discussion in relation to the risk grading. It was noted that the number of patients attending A&E had increased following the easing of lockdown restrictions, including record attendances across a 24-hour period. However, it was agreed that these increased attendances and subsequent delays were not resulting in patient harm, and the current controls in place were effective for ensuring any impact on patient experience was minimal. Following this, it was agreed that the risk could be regraded as Moderate (3) x Likely (4) = 12, resulting in the risk being downgraded to Moderate and removed from the Trust Significant Risk Register.

						Risk reviewed by COO in June 21. Amendments to the risk narrative and cause were made. Suggestions for the risk likelihood to be downgraded were supported, and will be taken to AREG in June. Risk reviewed by DLT. It is suggested for the likelihood of this risk to be downgraded from Almost Certain (5) to Likely (4). This is supported by there being no recorded incidents due to waiting times within the past three months, and only one formal complaint due to waiting times. During busy periods, a senior nurse regularly goes to the waiting room to speak to waiting patients to advise them of the delays.

6. Summary and further actions

This report, and the accompanying annex from the Risk Register, summarise all Significant Risks currently contained on the Risk Register (as of 22 June 2021). All risks have been reviewed by the relevant Executive Director during the last month and also at the previous Assurance & Risk Executive Group. 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 ONE 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	2634 – Cancer waiting times 2643 – Diagnostic Imaging 2244 - Lack of MH beds in the community
2: QUALITY To modernise our **hospital** (estate, digital infrastructure and medical equipment) to support the delivery of optimal care	**2757 – Current Rating 5 x 4 = 20** There is a risk that patients may receive sub-optimal care / treatment, with failures associated with: • Estate • Digital Infrastructure • Medical equipment	Director of Finance	Finance & Activity Committee	392 – Roof 2849 – Cyber crime 2853 – Cyber crime
3: ENGAGEMENT To strengthen staff engagement to create an open culture with Trust at its centre	**2758 - Current Rating 3 x 3 = 9** 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.	Director of Strategy	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	HR Director	People Committee	No Significant Risks aligned