The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	1 June 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) 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 24 May 2021) 9 approved significant risks included on the Trust's Risk Register as follows: • 2 risks scoring 20+ • 6 risks scoring 16 • 1 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. At A&REG on 18 May 2021, two significant risks aligned to KSO 1 were agreed for downgrading. Firstly, Risk ID: 2793, *Risk of inconsistent care delivery due to enhanced care needs of patients* – the likelihood of this risk was approved for downgrading from Almost Certain (5) to Likely (4), due to the successful recruitment of HCA numbers, overall reduction in nursing vacancies. The risk was re-graded as 12 and removed from the Significant Risk Register. Secondly, Risk ID: 2679, *Individualised Plan of Care (IPOC) in place for every patient identified at the end of their life* – following robust discussion at A&REG it was agreed that the likelihood for this risk should be downgraded from Likely (4) to Possible (3), due to the significant amount of improvement work ongoing currently and the reduction in complaints relating to end of life care and improvement in the use of the Individualised Plan of Care (IPOC). The risk was re-graded as 12, and removed from the Significant Risk Register. Following discussion in Finance and Activity Committee on 19 May, it was agreed that the Principal Risk for KSO 2 (Risk ID: 2757, *Sub-optimal care and treatment associate with estate, infrastructure, equipment*) should be regraded as Catastrophic (5) x Likely (4) = 20, to reflect the current impact of the roof risk (Risk ID: 392). A detailed report of all Risk Register entries as of 19 May 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	5 (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 **9** significant risks on the Significant Risk Register.

Current Significant Risk scoring profile:

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

At the Group meeting on 18 May 2021, two significant risks aligned to KSO 1 were agreed for downgrading. Firstly, Risk ID: 2793, *Risk of inconsistent care delivery due to enhanced care needs of patients* – the likelihood of this risk was approved for downgrading from Almost Certain (5) to Likely (4), due to the successful recruitment of HCA numbers, overall reduction in nursing vacancies. The risk was re-graded as 12 and removed from the Significant Risk Register.

Secondly, Risk ID: 2679, *Individualised Plan of Care (IPOC) in place for every patient identified at the end of their life* – following robust discussion at A&REG it was agreed that the likelihood for this risk should be downgraded from Likely (4) to Possible (3), due to the significant amount of improvement work ongoing currently and the reduction in complaints relating to end of life care and improvement in the use of the Individualised Plan of Care (IPOC). The risk was re-graded as 12, and removed from the Significant Risk Register.

Risk ID: 2199, *Timely Access to Emergency Care including ambulance handover and Time Spent in the Emergency Department* – it was proposed that the likelihood of this risk was downgraded from Almost Certain (5) to Possible (3), as the narrative of this risk had been re-articulated to focus on the potential harm to patients. However, after discussion in the Group, it was agreed that the current risk likelihood level was appropriate based upon the current level of risk consequence (being Moderate, or 3, giving the risk an overall grading of 15).

Following discussion in Finance and Activity Committee on 19 May, it was also agreed that the Principal Risk for KSO 2 (Risk ID: 2757, *Sub-optimal care and treatment associate with estate, infrastructure, equipment*) should be regraded as Catastrophic (5) x Likely (4) = 20, to reflect the current impact of the roof risk (Risk ID: 392).

3. 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 May 21. The changes to the controls were approved. No changes to the risk grading were proposed. Risk reviewed by Medical Director in May 2021, with the controls amended to reflect clinical reviews resuming, as well as further s31 conditions closed. No changes to the risk grading were proposed at this time. Risk reviewed at AREG in April 21, with the amendments to the controls approved. 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	Major (4) x Likely (4) **= 16**	Major (4) x Likely (4) **= 16**	Minor (2) x Possible (3) **= 6**	Risk reviewed at AREG in May 21. More narrative in relation to the number of harm reviews currently undertaken was requested. No changes to the risk grading were proposed. Risk reviewed by COO in May 21. Slight modifications to the risk controls and cause were requested. No change to the risk grading were proposed at this time. Requested taken back to the division for urgent action. Risk reviewed by operational manager, with no significant changes to the risk within month. No changes to the risk grading were proposed at this time. 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.

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 May 21. It was requested that the outcome of the radiology culture assessment be added to the narrative of the risk. It was also noted that prioritisation of care is due to be implemented nationally, however, there is no stated completion date for this yet. Risk grading to remain the same. Risk reviewed by medical director in May 21. Small amendments to the controls and narrative were requested, which were taken back to the division for urgent action. No changes to the risk grading were proposed at this time. Update provided by CSS governance manager in May 21. This risk is updated weekly through the IQIP weekly meetings reviewing the Should and Must Do actions from CQC. The POAP are being delivered and this risk remains. The current waiting time data has been shared with the Deputy Medical Director and the Evidence Assurance Group Meeting. Further data cleansing and the implementation of professional standards in respect to managing PTL's and waiting lists to be implemented. No change to the risk rating or controls at this review point. This risk remains the only Divisional risk on the Trust Significant Risk Register. 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.

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 May 21. Although there was some discussion if the likelihood of the risk could be reduced, it was decided to keep the risk grading the same at present. Risk reviewed by COO in May 21. Although it was queried if the risk could be downgraded, this was not supported, as it was felt that the risk of patients coming to moderate harm was still prevalent at the most frequent level. A cleansing of the risk controls was also requested. Input taken back to the division. Risk reviewed by service manager for Emergency Care in May 21. It was proposed that this risk is downgraded, following the shift of the focus to the risk of harm to patients delayed in the department by more than four hours. It is proposed that the risk level is decreased to 3 (moderate) x 3 (possible) = 9 (moderate). 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.
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 AREG in May 21. An amendment to the controls was requested to reflect that the MH Trust is now taking part in all related SI investigations, which was been actioned. No changes to the risk grading were proposed. Risk reviewed by COO in May 21. A query was raised if the risk was in relation to adult patients specifically, or if it was reflective for patients of all ages. Query taken back to division for urgent input, who advised that there had been a previous risk under W&C for CAMHS

						admissions, but this was archived as the risk was tolerated, having been fully mitigated. Risk reviewed by ED Triumvirate in May 21. Risk remains the same with ongoing delays to transfer patients from the Acute Trust ED to an inpatient MH bed. Risk reviewed at AREG in April 21, with the amendments to the controls approved. 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 Likely (4) **= 16**	Catastrophic (5) x Likely (4) **= 20**	Major (4) x Unlikely (2) **= 8**	Risk reviewed by Director of Finance. Following a discussion in Finance and Activity committee, it was agreed that the risk score should be re-graded as Catastrophic (5) x Likely (4) = 20, to reflect the current impact of the roof risk. Risk reviewed at AREG in May 21. No changes to the risk grading were proposed as it was identified that the current narrative within the risk was up to date. Risk reviewed by director of finance in May 21. No changes to the risk grading, controls, or narrative were proposed at this time. 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.

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 reviewed at AREG in May 21. The latest update from the Health and Safety Manager was noted. No changes to the risk grading were proposed. Risk reviewed by director of Finance in May 21. Changes to the narrative were approved. No changes to the risk grading were proposed at this time. Roof Risk Register update – May 2021 Site – clinical areas and non clinical - 76 Acrow props, 53 timber beam supports CCU - 0 Acrow props, 40 timber beam supports CCU toilet - 1 Acrow prop Gym - Would have been 71 props if able to prop Estates area - 1 Acrow prop, 22 timber beam supports Estates Asbestos holding room 2 Acrow props Totals = 80 Acrow props and 115 timber beams across the site The radar survey begins on the 4th May. The radar survey will determine the condition of the end bearing of planks in key locations around the site. The work is in 3 stages: • Non-intrusive survey on the roof itself – expected to take 2 weeks. Areas to be surveyed are: Estates, Elm/Denver, Feltwell/Gayton/Leverington/Marham, Leverington approach corridor, and Necton/Oxborough/Windsor (map uploaded to RR) • Off site for 2 weeks to analyse survey data • Back on site beginning of June to start the

						intrusive work from below, based on the results of the survey. Throughout the radar survey, regular comms will be issued to inform staff (as there is likely to be noise generated from the intrusive work). Work will be coordinated with the site team for ward access. 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.
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 May 21. No changes to the risk grading were proposed. Risk reviewed and approved by deputy CEO in May 21; no changes to the risk grading, controls or narrative were proposed at this time. Risk reviewed by head of information governance in April 21. No changes to the risk grading or controls are proposed at this time. Risk reviewed at AREG April 21, and approved 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 in May 21. No changes to the risk grading were proposed. Risk reviewed and approved by deputy CEO in May 21; no changes to the risk grading, controls or narrative were proposed at this time. 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.

5. Significant Risks aligned to KSO 1 downgraded at AREG in May 21

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 (Possible) 3 = 12	Moderate (3) x Possible (3) = 9	Risk reviewed at AREG in May 21. Following robust discussion at AREG, it was agreed that the likelihood for this risk should be downgraded from Likely (4) to Possible (3), due to the significant amount of improvement work ongoing currently and the reduction in complaints relating to end of life care and improvement in the use of the Individualised Plan of Care (IPOC). Risk reviewed by chief nurse in May 21. A slight amendment to the risk cause was requested to reflect why the risk was increased from a moderate to a significant risk. No changes to the risk grading were proposed at this time. Verbal update provided by director of nursing; Analysis of the March mortality data shows that 70% of deaths were 'expected' deaths (ie. reference made that the patient was either palliative or EoL prior to death.) 62% had an IPOC in place and 41% had a documented review by the palliative care team in the medical records. This means that over half of the 'expected' deaths had a palliative care review considering our baseline is 8% and the national average is 36% with small modifications made to existing controls. No changes to the risk grading were proposed at this time.

2793	Management of the needs of the increased numbers of enhanced care elderly patients admitted across acute access and medical wards a. Being unable, after allocation of health care assistant and registered nursing team to manage the enhanced care levels of monitoring required to keep patient groups as safe as possible, to then maintain appropriate cover across the rest of ward to consistently deliver to the remaining patients' needs b. Being unable to provide the required enhanced care support due to not all staff not being trained in this specialty and/or challenges in effective numbers of backfill nurses to the required numbers. c. Challenges with the acuity and numbers of enhanced care needs of the patients (in line with Trust policy) d. Difficulty in discharging some enhanced care patients due to the difficulty in accessing relevant beds/community care patients remain within the ward setting for long periods of time which is detrimental to their mental health status	Chief Nurse	Moderate (3) x Almost Certain (5) **= 15**	Moderate (3) x Likely (4) **= 12**	Minor (2) x Possible (3) **= 6**	Risk reviewed at Assurance and Risk in May 21. Suggestion to downgrade the likelihood of this risk was supported, and the risk was removed from the significant risk register. Risk reviewed by chief nurse in May 21. Slight amendment to the cause requested (to reflect narrative around decision to upgrade risk from moderate to significant). Decision to downgrade likelihood from 5 (almost certain) to 4 (likely) is supported, and will be taken to the AREG meeting in May. Email update provided by head of nursing in May 21. In recognition that recruitment to HCA numbers has been successful and that daily staffing requirements have improved, it is recommended that the likelihood of this risk is reduced from 5 (almost certain) to 4 (likely), thus reducing the risk grading to moderate. 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.

6. 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 24 May 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 on 18 May 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 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 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.	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	Director of People	People Committee	No Significant Risks aligned