The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	1 February 2022	**Agenda item:**	17
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]

KSO 1	**KSO 2**	KSO 3	KSO 4	KSO 5	KSO 6
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	Risks in relation to the quality of care that patients receive, as well as the quality of patient experience, are aligned to KSO 1
Legal and regulatory	Y	Risks in relation to potential legal and regulatory action faced by the Trust (particularly in relation to CQC enforcement notices) are aligned to KSO 1.
Financial	Y	Risks in relation to the financial costs of modernising the hospital's estate and digital infrastructure are aligned to KSO 2.

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 have nominated Executive leads who approve the risk review each month. As of 21 January 2022, the Trust has 9 Significant Risks on the Trust Risk Register. These 9 Risks include the 2 Principal Risks aligned with KSO 1

	and KSO 2. The Significant Risk grading breakdown is: • 2 risks scoring 20 (includes 1 Principal Risk) • 6 risks scoring 16 (includes 1 Principal Risk) • 1 risk 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** (BAF summary sheet). Principal risks for each of the Key Strategic Objectives have been approved as part of the implementation of the BAF. A detailed report of all Risk Register entries scoring 15+ as of 21 January 2022 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	BAF – Board Assurance Framework 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 of their 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	5 (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 9 Significant Risks on the Risk Register.

Current Significant Risk scoring profile:

Score	August Board Report	September Board Report	October Board Report	November Board Report	December Board Report	Current Position
20	2	2	2	2	2	2
16	7	7	8	7	6	6
15	0	0	1	2	1	1
Total	9	9	11	11	9	9

As of 21 January 2022, the Trust has 9 Significant Risks on the Trust Risk Register. These 9 Risks include the 2 Principal Risks aligned with KSO 1 and KSO 2. This position was unchanged following the A&REG meeting on 18 January 2022.

Risk ID 2199: *Timely Access to Emergency Care including ambulance handover and time spent in the Emergency Department* was reviewed and updated by the Deputy Chief Operating Officer and approved by the Chief Operating Officer following a need to respond to the unprecedented operational pressures over the Christmas period. The risk description has been amended to reflect the latest position in relation to patient demand, and additional controls added to the risk narrative, to highlight the additional mitigations in place to ensure

patient and staff safety. With these additional controls the current risk grading of Moderate (3) x Almost Certain (5) = 15 remains appropriate at present.

Risk ID 2592: The Principal Risk for KSO 1, *Sub-optimal Care and Treatment*) was discussed in detail at the A&REG meeting in December. Whilst it was agreed that the current narrative and controls remain up to date, it was agreed the risk narrative will need to be reviewed and updated once the report from the CQC inspection is published. It was agreed that the current risk grading of Major (4) x Likely (4) = 16 remains appropriate.

Risk ID 2915: *Risk of patient harm due to increased waiting times for elective surgery.* Following the surge in patient demand over the Christmas period, this risk was reviewed and updated by the Deputy Chief Operating Officer, with the changes approved by the Chief Operating Officer. The risk description has been updated to capture the ward re-alignments agreed in response to the surge in demand and the risk controls updated detailing the additional mitigations in place. However, it was also noted that it will be crucial to continue to review and update this risk as the de-escalation plan is implemented. It was discussed that the ward realignments are currently only forecast to delay the Elective Care and Restoration and Improvement Programme by one month; however, this situation will continue to be monitored in the event of deterioration. The risk grading was approved for remaining consistent at Major (4) x Likely (4) = 16.

Risk ID 392: *Roof Integrity* was also discussed at A&REG in January 2022. It was noted that completion of the "Tap and Test" Survey has been delayed due to the ward re-alignments needed to address the surge in patient demand. However, the Group was advised that the Tap and Trace team will be continuing their work over weekends (as of 22 January) to ensure the survey is completed as soon as possible; the current estimated date of completion is 30 April 2022. The grading of the risk remains unchanged at Catastrophic (5) x Likely (4) = 20.

A detailed report of all Risk Register entries as of 21 January 2022 currently scoring 15+ is attached as **Appendix 2.**

Whilst the Trust currently has 9 Significant Risks (including 2 Principal Risks), it is important that the Trust's Senior Leadership Team be aware of the Top 3 Risks for the organisation. These have been highlighted in **Appendix 3.**

3. Significant Risks aligned to KSO1

There are currently 5 (including the Principal Risk) Significant Risks aligned to KSO 1 as follows:

RISK ID	SUMMARY DESCRIPTION	EXECUTIVE OVERSIGHT	INITIAL SCORE (CXL)	CURRENT SCORE (CXL)	TARGET SCORE (CXL)	COMMENTARY
2592	**KSO1 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 A&REG in January 22. The updates in relation to the surge in demand were noted. It was also noted that the narrative of the risk will be subject to change based on the ward de-escalation process, as well as the imminent CQC report. No change to the risk grading at this time. Risk reviewed by Medical Director in January 22. The narrative and controls were updated to reflect the latest surge in demand. No change to the risk grading was proposed. Risk reviewed at A&REG in December 21. The latest updates to the controls were noted. No changes to the risk grading were proposed at present. It was noted that the findings from the recently concluded CQC inspection will need to be reflected in the narrative of this risk, once the report becomes available Risk reviewed by Medical Director in December 21. Controls amended to reflect latest position. No change to the risk grading.
2643	There is a risk that patients are unable to access safe and effective diagnostic imaging at the	Medical Director	Major (4) x Likely (4) = **16**	Major (4) x Likely (4) = **16**	Moderate (3) x Rare (1) = **3**	Risk reviewed at A&REG in January 22. A verbal update was given in relation to the ongoing staffing issues; radiographer interviews were conducted in January. No change to

	trust to service level standards, which may affect their clinical care, due to insufficient staff in diagnostic imaging.					the risk grading at this time. Risk reviewed by the Medical Director in January 22. The latest divisional update was noted. No change to the risk grading was proposed. Risk reviewed by division and Deputy COO in January 22. Risk narrative and controls amended to reflect latest position due to Omicron variant. No change to the risk grading at this time. Risk reviewed at A&REG in December 21. The narrative in relation to the impending staffing reductions in January were noted; risk grading to remain at 16 at present.
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 January 22. There was a robust discussion in relation to the ongoing concerns, particularly in relation to the ongoing surge in demand. No change to the risk grading at this time. Risk reviewed by the COO in January 22. The update from the division was noted; no change to the risk grading was proposed. Risk reviewed by medicine DLT in January 22. Ongoing demand for inpatient MH beds remains high. Risk grading remains appropriate at 16. Risk reviewed at A&REG in December 21. Controls and narrative remain up to date; no changes to the risk grading at present. Risk reviewed by the COO in December 21. The update from the Divisional Head of Nursing was noted; risk

						grading to remain the same at present. Risk reviewed by Divisional Head of Nursing in December 21. Risk controls and narrative remain up to date. No changes to the risk grading were proposed at this time.
2915	There is a risk that patients will come to harm as a result of increased waiting times for elective surgery	Chief Operating Officer	Major (4) x Likely (4) = **16**	Major (4) x Likely (4) = **16**	Major (4) x Rare (1) = **4**	Risk reviewed at A&REG in January 22. The risk narrative updates in relation to the surge in demand were noted and approved. It was noted that it will be vital to track the narrative of this risk as de-escalation processes are implemented. No change to the risk grading at this time. Risk reviewed by the COO in January 22. The updates from the Deputy COO were noted and approved. It was agreed for the risk grading to remain the same, despite the ongoing pressures on elective care. Risk re-reviewed by Deputy COO in relation to surge planning. Narrative and controls amended to reflect latest position. Risk grading to remain the same. Risk reviewed at A&REG in December 21. Risk narrative and controls remain up to date. No change to the risk grading at present. Risk reviewed by the COO in December 21. The update from the Deputy COO was noted and approved. No changes to the risk grading at this time. Risk reviewed with Deputy COO in December 21. Risk cause and controls amended to reflect latest position. No changes to the risk grading were

						proposed.
2199	Timely Access to Emergency Care including ambulance handover and Time Spent in the Emergency Department	Chief Operating Officer	Major (4) x Likely (4) = **16**	Moderate (3) x Almost Certain (5) = **15**	Moderate (3) x Possible (3) = **9**	Risk reviewed at A&REG in January 22. The updates to the risk narrative were noted and approved. No change to the risk grading at this time. Risk reviewed by the COO in January 22. The update from the Division and the Deputy COO was noted and approved. No change to the risk grading was proposed, despite ongoing surge in patient demand within ED. Risk reviewed by Division and by Deputy COO in January 22. Risk narrative and controls updated to reflect latest position. Risk grading to remain the same. Risk reviewed at A&REG in December 21. The proposal to split this risk was rejected; it was agreed that a separate risk in relation to ambulance handovers may be suitable, but that the other elements of this risk should remain as a combined significant risk. Risk grading to remain at 15. Risk reviewed by the COO in December 21. The proposal to split the risk was noted, and will be taken to A&REG in December for further discussion. Risk discussed at Divisional risk and governance meeting 24/11, agreed for a proposal to be taken to the COO for the risk to be split into three separate risks and original risk proposed to be closed

4. Significant Risks aligned to KSO 2

There are currently 4 (including the Principal Risk) Significant Risks aligned to KSO 2 as follows:

RISK ID	SUMMARY DESCRIPTION	EXECUTIVE OVERSIGHT	INITIAL 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 A&REG in January 22. The update in relation to the completion of the Churchill ward refurbishment works was noted and approved. No change to the risk grading. Risk reviewed by Director of Finance in January 22. Controls amended to reflect the renovations of the Emerson unit being completed. No change to the risk grading at this time. Risk reviewed in January by Health and Safety Manager. The refurbishment of Churchill ward has taken place and the teams based on Brancaster, Appleton and West Newton are in the process of moving into their new accommodation during week beginning the 27th December. West Dereham and Brancaster work will then commence in early January 2022. Work continues at pace on the new Endoscopy unit, which will enable the current endoscopy unit to

						be re-located - this will allow for the decant for main theatres to enable the failsafe work to commence. NICU refurbishment and the construction of the Butterfly suite are both underway. Estates are reviewing the ED in order to potentially expand the ambulance drop-off capacity, this will be taken forward as an Estates project.
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 Almost Certain (5) **= 25**	Catastrophic (5) x Likely (4) **= 20**	Major (4) x Rare (1) **= 4**	Risk reviewed at A&REG in January 22. It was noted that the Tap and Test survey completion has been delayed due to the ongoing operational pressures. Work is ongoing during weekends to make up for the delay. Risk grading to remain the same. Risk reviewed by Director of Finance in January 22. The latest update from the Health and Safety Manager was noted. No changes to the risk grading were proposed. Risk reviewed by Health and Safety Manager in January 22: • 54 Acrow props in place (Two were added on 26.12.21 on Feltwell ward) • 230 timber/steel failsafe's are now in place – this includes 150 failsafe's which have been installed

						in the main gym to support all of the roof RAAC planks (16 new failsafes have been fitted to replace the 5 Acrows removed) • 40 planks are supported in CCU via a steel and timber failsafe, which was custom designed and fitted to replace 18 props previously in place Castons (surveyors) will return on 4th of January to continue the survey and re-survey, and they will review the Acrow prop which has ben installed on Feltwell ward as a precautionary measure. Two Imarch reports were completed in December - NICU and Feltwell.
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 A&REG in January 22. A verbal update was given in relation to a recently identified nation-wide flaw in NHS software systems; a patch is being produced and will be delivered as soon as possible. No change to the risk grading at this time. Risk reviewed by Deputy CEO in January 22. The latest update from the Deputy Head of Digital was noted and approved. No change to the risk grading in-month. Risk reviewed by Deputy Head of Digital in January 22. Risk narrative

						and controls remain up to date. No change to the risk grading was 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 A&REG in January 22. A verbal update was given in relation to a recently identified nation-wide flaw in NHS software systems; a patch is being produced and will be delivered as soon as possible. No change to the risk grading at this time. Risk reviewed by Deputy CEO in January 22. The update from the Deputy Head of Digital was noted and approved. Risk grading to remain the same. Risk reviewed by Deputy Head of Digital in January 22. Risk narrative and controls remain up to date. No change to the risk grading at present.

5. 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 21 January 2022). All risks have been reviewed by the relevant Executive Director during the last month, and will continue to be reviewed in line with the Trust's policy on Risk Management. 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: BAF SUMMARY SHEET 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	2643 – Delays to accessing diagnostic imaging 2244 - Delays to accessing community mental health beds 2915 – Delays to accessing elective surgery 2199 - Delays to accessing treatment within A&E
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 (loss of systems) 2853 – Cyber-crime (theft of data)
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	Director of People	People Committee	No Significant Risks aligned