The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	5 October 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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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	
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 have nominated Executive leads who approve the risk review each month. There are (as of 27 September 2021) 11 approved significant risks included on the Trust's Risk Register, including 2 Principal Risks. This is an increase of 2 from the previous month.

	The Significant Risk grading breakdown is: • 2 risks scoring 20 (includes 1 Principal Risk) • 8 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. As of the Assurance & Risk Executive Group meeting on 21st September, the Trust has 11 Significant Risks on the Trust Risk Register, an increase of 2 from the previous month. This includes the 2 Principal Risks aligned with KSO 1 & KSO 2. Of these 2 additional risks, 1 has been aligned to KSO 1, and the other has been aligned to KSO 2. Further details of these risks have been included within the main body of this report. A detailed report of all Risk Register entries scoring 15+ as of 27 September 2021 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 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	6 (including principal risk)
KSO2 QUALITY - Estate & Infrastructure	5 (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 11 Significant Risks on the Risk Register.

Current Significant Risk scoring profile:

Score	May Board Report	June Board Report	July Board Report	August Board Report	September Board Report	Current Position
20	1	2	2	2	2	2
16	8	6	6	7	7	8
15	2	1	0	0	0	1
Total	11	9	8	9	9	11

At A&REG on 21st September a discussion was held in relation to Risk ID **2199:** *Timely Access to Emergency Care including ambulance handover and Time Spent in the Emergency Department*. Although this risk had previously been on the Trust's Significant Risk Register, it was agreed for this risk to be downgraded to Moderate (3) x Likely (4) = 12 in June 2021, due to a reduction in the likelihood of patients coming to harm as a result of increased time spent in the Emergency Department. However, at the September A&REG meeting, it was agreed that the likelihood of the risk should be increased to Almost Certain (5), resulting in the risk having an overall grading of 15 and therefore moving this back onto the Significant Risk Register. This decision was taken in light of the increasing number of patients presenting to the ED and potential delays to treatment, increasing the likelihood of patients coming to harm due to increased waiting times. This risk was aligned with KSO 1, and will be under the Chief Operating Officer for Executive oversight.

The second risk that was approved for addition to the Trust Significant Risk Register is a new risk. This is **Risk ID 2930:** *Delays to Imaging and Reporting of Examinations owing to Implementation of RIS/PACS*. Following discussion within the Group, it was agreed for this risk to be added to the Risk Register with a residual grading of Major (4) x Likely (4) = 16. This risk was aligned with KSO 2, and will be under the Deputy CEO for Executive oversight.

The grading of the Principal Risk for KSO 1, **Risk ID 2592:** *Sub-Optimal Care and Treatment*, was also discussed in detail in view of the number of Significant Risks relating to delays in access to treatment aligned to KSO1. However following a robust discussion it was agreed for the grading of this risk to remain at a 16.

A detailed report of all Risk Register entries as of 27 September 2021 currently scoring 15+ is attached as **Appendix 2.**

Whilst the Trust currently has 11 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**

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 September 21. The amendments made to the risk cause, effect and controls were noted and approved. There was significant discussion in relation to the current grading of the risk, and whether it was appropriate in relation to the current issues with patient access to care. However, it was agreed that the current grading of 4 x 4 = 16 remains appropriate at present. Risk reviewed by Medical Director in September 21. Risk cause and effect were amended to reflect current position in relation to access problems. Risk grading to remain the same.
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 September 21. There was some discussion as to whether the risk could be downgraded, as cancer harm reviews have so far only identified one case of a patient coming to harm due to delays. However, the group agreed that the current grading remained appropriate, as significant concerns remain in relation to waiting times for cancer treatment. Risk reviewed by the COO during September 21. Risk controls and narrative are up to

						date, and no changes to the risk grading are required. Risk reviewed during surgical risk review meeting in September 21. No changes to the risk grading at this time, all narrative remains up to date.
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 September 21. There was some discussion in relation to the grading of this risk, particularly in relation to the known issues with the implementation of RIS/PACs. However, it was agreed that the current risk grading remained appropriate. Risk reviewed by Medical Director in September 21. Control added in relation to the implementation of RIS/PACs. Risk grading to remain the same. Risk reviewed by Divisional General Manager in September 21. Risk narrative and controls were slightly amended to reflect latest position. It was also noted that the new RIS/PACs system is being implemented. Embedding process is ongoing and bedding in issues are being experienced. These are impacting on access to timely diagnostic imaging, including 2wws. Risk grading to remain the same at present, however, risk grading to be re-reviewed when an approximate timeframe for these additional challenges will be known.

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 September 21. The latest update from the Head of Nursing for Medicine was discussed, and it was agreed that the risk should remain graded at 4 x 4 = 16 at present. Risk reviewed by COO in September 21. The update in relation to 12-hour breaches was noted and approved. No changes to the risk grading at this time. Risk reviewed by head of nursing for medicine in September 21. There have been 9 12 hour breaches in August as of 24/08/21, with no additional mitigations either locally or within the community. Risk grading to remain the same.
2915	Risk of patient harm due to 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 AREG in September 21. The group was assured that the risk narrative and controls remain up to date. No changes to the risk grading were proposed. Risk reviewed by COO in September 21. The risk narrative and controls remain up to date. No changes to the risk grading at this time. Risk reviewed by Divisional General Manager for Surgery in September 21. There were no changes to the risk narrative or controls, risk grading to remain the same.

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 September 21. The changes to the controls were noted and approved. Although there was some discussion in relation to the risk grading, it was agreed that the current grading remained appropriate. Risk reviewed by Director of Finance in September 21. The changes to the narrative from the Deputy COO were noted and approved. Risk grading to remain the same. Risk reviewed by Deputy COO in September 21. Controls were modified in relation to ward realignment plans and new hospital plan. No changes to the risk grading were proposed.
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 September 21. The latest update from the Health and Safety manager was noted and approved. It was agreed that the current risk grading remained appropriate. Risk reviewed by Director of Finance in September 21. The latest update from the Health and Safety Manager was noted and approved. No changes to the risk grading were proposed.

						Risk reviewed by Health and Safety Manager in September 21. 57 Acrow props are now in place, with 210 timber/steel failsafes also in place. “Tap and test” survey is approximately 95% complete. No change to the risk grading at this time.
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 September 21. The Group was assured that the narrative of the risk remains up to date on Datix, with all controls relevant and current. No changes to the risk grading were proposed. Risk reviewed by Deputy CEO in September 21. The Trust's new Head of Cyber Security will commence in post on 11 October 21. The digital team is continuing to progress on target with the Cyber Action Plan against the DSPT. No changes to the risk grading. Risk reviewed by Deputy Head of Digital in September 21. The risk narrative and controls remain up to date. No changes to the risk grading at this time.
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 September 21. The Group was assured that the narrative of the risk remains up to date on Datix, with all controls relevant and current. No changes to the risk grading were proposed.

						Risk reviewed by Deputy CEO in September 21. The Trust's new Head of Cyber Security will commence their post on 11 October 2021. The Digital team is continuing to progress on target with the Cyber Action Plan against the DSPT. No changes to the risk grading. Risk reviewed by Deputy Head of Digital in September 21. The risk narrative and controls remain up to date. No changes to the risk grading at this time.

5. Risks added to the Significant Risk Register and aligned to KSO 1 in September 2021

RISK ID	SUMMARY DESCRIPTION	EXECUTIVE OVERSIGHT	PREVIOUS SCORE (CXL)	CURRENT SCORE (CXL)	TARGET SCORE (CXL)	COMMENTARY
2199	Timely Access to Emergency Care including ambulance handover and Time Spent in the Emergency Department	Chief Operating Officer	Moderate (3) x Likely (4) **= 12**	Moderate (3) x Almost Certain (5) **= 15**	Moderate (3) x Possible (3) = **9**	Risk reviewed at AREG in September 21. Following discussion within the Group, it was agreed that the risk should be upgraded to Moderate (3) x Almost Certain (5) = 15, following the increasing pressures within ED. Risk reviewed with Divisional General Manager and Divisional Risk and Governance Lead in September 21. It was agreed that the risk should be escalated to AREG in September for upgrading back to significant, due to the increased likelihood of patients coming to harm due to increased waiting times within ED. Risk grading proposed for increasing to Moderate (3) x Almost Certain (5) = 15.

6. Risks added to the Significant Risk Register and aligned to KSO 2 in September 2021

RISK ID	SUMMARY DESCRIPTION	EXECUTIVE OVERSIGHT	PREVIOUS SCORE (CXL)	CURRENT SCORE (CXL)	TARGET SCORE (CXL)	COMMENTARY
2930	Delays to Imaging and Reporting of examinations owing to Implementation of RIS/PACS	Deputy CEO	Major (4) x Almost Certain (5) = **20**	Major (4) x Likely (4) = **16**	Moderate (3) x Possible (3) = **9**	Risk discussed at AREG in September 21. Following discussion within the Group, it was agreed that the residual grading for this risk would be appropriate at Major (4) x Likely (4) = 16. Risk reviewed by Deputy CEO in September 21. Following the escalation from the CSS Governance Manager, it was agreed that this risk should be taken forward for escalation to A&REG as a Significant Risk in September 21. Risk reviewed by CSS Governance Manager in September 21. Following escalation of the issues to the CSS DLT and Patient Safety team, this risk was approved for escalation as a Significant Risk to A&REG in September 21.

7. Low Risk Annual Report Update

Following the Low Risk annual audit undertaken by the Risk Manager in July 21, a further update was provided to A&REG in September. This update confirmed that there were good levels of assurance that Low graded risks are reviewed within the appropriate timeframe, with evidence that risk gradings and efficiency of controls were regularly taken into consideration during the risk reviews. It was also agreed by the Group that an audit of the moderate-graded risks should be undertaken, with findings of this audit to be communicated at the Group meeting in October 21.

8. 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 27 September 2021). 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	2199 - Timely Access to Emergency Care including ambulance handover and Time Spent in the Emergency Department 2634 – Cancer waiting times 2643 – Diagnostic Imaging 2244 - Lack of MH beds in the community 2915 – Risk of patient harm due to increased waiting times for elective surgery
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 2930 - Delays to Imaging and Reporting of examinations owing to Implementation of RIS/PACS
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