The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (In Public)		
Meeting Date:	2 February 2021	**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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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 KSO 4	
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 (at 21 January 2021) 15 approved significant risks included on the Trust's Risk Register as follows: • 2 risk scoring 20+ • 7 risks scoring 16 • 6 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 was an existing risk that was submitted to the Assurance and Risk Executive Group for approval to be escalated to the significant risk register. This was approved; • Risk ID 2708 - COVID-19, Lack of resources. There is a risk that the Critical Care unit will not be able to facilitate the expected amount of COVID-19 patients needing ventilation in the Critical Care area. This will result in non-ITU trained staff being asked to manage these patients, and at a much higher staffing ratio than the national standard. The patients will need to be managed in different areas other than Critical Care which will have an impact of elective activity. There is also a risk that there will not be enough consumables to manage the patients safely and as a result, there is a risk that the staff will become infected themselves. There was one existing significant risk that was submitted to the Assurance and Risk Executive Group for the grading to be increased to 20 from a 15 due to the current Covid-19 situation – this increase was approved; • Risk ID 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 there is a risk that Trust cannot deliver its normal elective service. There was one existing risk on the significant risk register submitted to the Assurance and Risk Executive Group for downgrading due to an improved inspection report from the CQC – this was declined, it was decided by the Group that the risk would only be downgraded when notices are formally removed by the CQC; • Risk ID 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. This could affect the trust's ability to deliver quality care and could also affect the Trust's position in the STP. A detailed report of all Risk Register entries as at 21 January 2021 currently scoring 15+ is attached as an annex to this report.
Recommendation:	The Board of Directors 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	11 (including principal risk)
KSO 2 QUALITY - Estate & Infrastructure	3 (including principal risk)
KSO 3 ENGAGEMENT – Staff Engagement & Culture	0
KSO 4 ENGAGEMENT – Patient Pathways & Sustainability	1 (including principal risk)
KSO 5 HEALTHY LIVES – Patient Outcomes	0
KSO 6 HEALTHY LIVES – Maximising Staff Potential	0

2. Summary position Significant Risks

There are currently **15** 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	**1**	**1**	**1**	**1**	**1**	**2**
16	**7**	**7**	**7**	**9**	**8**	**7**
15	**4**	**4**	**5**	**4**	**5**	**6**
Total	**12**	**13**	**13**	**14**	**14**	**15**

There was an existing risk that was submitted to the Assurance and Risk Executive Group for approval to be escalated to the significant risk register at a rating of 15. This was approved;

- Risk ID 2708 - COVID-19, Lack of resources. There is a risk that the Critical Care unit will not be able to facilitate the expected amount of COVID-19 patients needing ventilation in the Critical Care area. This will result in non-ITU trained staff being asked to manage these patients, and at a much higher staffing ratio than the national standard. The patients will need to be managed in different areas other than Critical Care which will have an impact of elective activity. There is also a risk that there will not be enough consumables to manage the patients safely and as a result, there is a risk that the staff will become infected themselves.

There was one existing significant risk that was submitted to the Assurance and Risk Executive Group for the grading to be increased to 20 from a 15 due to the current Covid-19 situation – this increase was approved;

- Risk ID 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 there is a risk that Trust cannot deliver its normal elective service.

There was one existing risk on the significant risk register submitted to the Assurance and Risk Executive Group for downgrading due to an improved inspection report from the CQC – this was declined, it was decided by the Group that the risk would only be downgraded when notices are formally removed by the CQC;

- Risk ID 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. This could affect the trust's ability to deliver quality care and could also affect the Trust's position in the STP.

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 in detail at AREG in January 2021 with the risk to remain as graded. Risk reviewed and approved by Executive Lead in January 2021. There are an increasing number of hospital acquired Covid infections due to multiple non clinical patient moves resulting in high bed occupancy leading to poor flow. CQC have removed 5 s31 notices in Maternity.
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 in detail at AREG in January 2021 with the risk to remain as graded. Although there is a clinical harm review and prioritisation in place, the number of patients is also increasing. Risk reviewed and approved by Executive Lead in January 2021. The issues are still of concern and the risk should remain as graded. Radiology and histology still have long delays that are impacting on the 62 pathways along with the current Covid-19 situation. Only patients with suspected cancer or clinically urgent cases are being treated.

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 in detail at AREG in January 2021 with the risk to remain as graded. There is a monthly rolling audit programme in place to monitor IPOC usage and it is gradually improving. This is monitored by the Recognise and Respond forum. There is also a programme manager to support. Risk reviewed and approved by Executive Lead in January 2021.
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 in detail at AREG in January 2021 with the risk to remain as graded. Risk reviewed and approved by Executive Lead in January 2021. The Risk remains high, new rotas have not yet been reviewed or implemented; insourcing and outsourcing continue and this has extended to the addition of a CT Van. The establishment review has yet been completed.
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	Chief Operating Officer	Catastrophic (5) x Possible (3) **= 15**	Catastrophic (5) x Likely (4) **= 20**	Catastrophic (5) x Rare (1) **= 5**	Risk reviewed in detail at AREG in January 2021. The group agreed to increase the risk rating from 16 to 20 upon request of the operational and Executive Lead. Risk reviewed and approved by Executive Lead to be graded higher in January 2021. The trust declared an internal incident on 30 December 2020. Appropriate actions are in place. Command and control structure in place until end of January when it will be reviewed.

	normal services or standards of care.					
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 Possible (3) **= 15**	Catastrophic (5) x Rare (1) **= 5**	Risk reviewed in detail at AREG in January 2021 with the risk to remain as graded. There was discussion on whether there should be one combined risk for all staffing issues but it was decided that divisional staffing risks should be kept separate. Risk reviewed and approved by Executive Lead in January 2021. Reviewed at Divisional R&G. Additional capacity, increased demand/operational pressures with ongoing sickness, isolations and staff shielding is resulting in significant challenges despite mitigations. The likelihood has increased and requires executive review.
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 in detail at AREG in January 2021 with the risk to remain as graded. ED moved to open Red ED due to the challenges around the number of 12 hour breaches and ambulance handovers in ED and the Covid issues. A full risk assessment based on risk of harm to patients supported the decision making Risk reviewed and approved by Executive Lead in January 2021. Risk reviewed by Emergency Department Leadership Team 05/01/2021, grading to remain the same.

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 Likely (4) **= 16**	Major (4) x Rare (1) **= 4**	Risk reviewed in detail at AREG in January 2021 with the risk to remain as graded. Although notices have been removed (5 /10 Section 31 notices) there remain a number outstanding, it was therefore agreed the Group that the risk would remain at the current grading.
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 in detail at AREG in January 2021 with the risk to remain as graded. Risk reviewed and approved by Executive Lead in January 2021. Reviewed at Divisional R&G. The risk remains with ongoing delays to transfer patients from the acute Trust ED to a MH in-patient bed.
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 in detail at AREG in January 2021 with the risk to remain as graded. Risk reviewed and approved by Executive Lead in January 2021. Reviewed at Divisional R&G no changes to scoring but staffing is significantly challenged despite mitigations in place due to the pandemic impact, operational pressures and staffing sickness, shielding and isolations.

New Significant Risks aligned to KSO 1

2708	COVID-19, Lack of resources	COO	Catastrophic (5) x Possible (3) **= 15**	Catastrophic (5) x Possible (3) **= 15**	Major (4) x Unlikely (2) **= 8**	Risk reviewed in detail at AREG in January 2021. Risk approved by AREG and Executive Lead to be escalated to the significant risk register at a score of 15. - Day surgery work has now ceased and the area is being used as RED ED. - Critical Care have seen a significant rise in admissions and are needing to support surge centres - Theatres work is limited to only life threatening - Endoscopy work has been very affected and the area is now the GREEN surgical area. - All inpatient areas are facilitating medical inpatients. - Increased staff sickness and need for isolation.

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 in detail at AREG in January 2021 with the risk to remain as graded. Risk reviewed and approved by Executive Lead in January 2021. The Medical Equipment Committee is in place to renew business cases for replacement equipment chaired by consultant anaesthetist. Divisional representatives are members of the group.
392	There is a direct risk to life and safety of patients, visitors and staff	Chief Operating	Catastrophic (5)	Catastrophic (5)	Major (4) x	Risk reviewed in detail at AREG in January 2021 with the risk to remain as graded.

	due to the potential of catastrophic failure of the roof structure due to structural deficiencies.	Officer	x Likely (5) **= 25**	x Likely (4) **= 20**	Rare (1) **= 4**	Risk reviewed and approved by Executive Lead in January 2021. Risk reviewed 29.12.20 with AD for E&F. The fail safes for the Gym, the Ramp and the propped areas have been designed and quotes are awaiting for fabrication. A business case has been compiled to create additional clinical space - this will increase capacity to enable the failsafe structure to be erected across the first floor of the site. We continue to liaise with the other Best Buy hospitals, reviewing and sharing best practice across all sites.
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**	Major (4) x Unlikely (2) **= 8**	Risk reviewed in detail at AREG in January 2021 with the risk to remain as graded. Risk reviewed and approved by Executive Lead in January 2021. Work is on-going to respond and address elements of the most recent Cyber Security Internal Audit conducted by Grant Thornton. To this end, work is currently being undertaken to review and respond in a timely manner. To date, a number of the twenty 'High' recommendations have been either addressed or mitigated. A further review with both our Head of IG and our new Cyber Security Manager has been completed with reporting to Audit Committee regarding the Trust response and proposed actions

Significant Risks aligned to KSO 4

2759	**KSO 4 Principal risk** Engagement - Patient Pathways There is a risk that the Trust is	Director of Finance	Major (4) x Possible (3)	Major (4) x Likely (4)	Major (4) x Unlikely (2)	Risk reviewed in detail at AREG in January 2021 with the risk to remain as graded.

	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.		**= 12**	**= 16**	**= 8**	Risk reviewed and approved by Executive Lead in January 2021. Trust has agreed a deficit position of £1.9m with the STP and NHSE/I for 20/21. Financial positon to M8 delivered in line with agreed out-turn position with NHS E/I. CIP plan delivering in year to support financial outturn Positive cash flows based on agreed plan for 20/21. Capital expenditure plan agreed through STP and Trust in receipt of national funding. Significant capital programmes will be delivered in year. Awaiting detailed guidance on financial planning framework and settlement for 21/22.

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 at 21 January 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 January 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 are invited to:

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

KEY STRATEGIC OBJECTIVE	PRINCIPAL RISK Appendix 1	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	2699 - COVID-19 (Trust) 2703 – COVID (Medicine) 2199 – A&E performance 2634 – Cancer waiting times 2679 – End of Life Care 2643 – Diagnostic Imaging 2244 - Lack of MH beds in the community 2483 – Reputational damage / CQC regulatory notices 2793 - Risk of inconsistent care delivery due to enhanced care needs of patients 2708 - COVID-19, Lack of resources
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 2343 – 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 4 = 16** 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	HR Director	People Committee	No Significant Risks aligned