The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	1 December 2020	**Agenda item:**	12
Report Title:	Report on Significant Risks contained within the Trust's Risk Register (All risks with a current score of 15 or more)		
Author:	Mustafa Kahn – Risk Manager		
Executive Sponsor:	Carmel O'Brien - Director of Patient Safety		

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 19 November 2020) 14 approved significant risks included on the Trust's Risk Register as follows: • 1 risk scoring 20+ • 8 risks scoring 16 • 5 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. Since the last report received by Board in November 2020 no changes have been made to the grading of existing significant risks. One risk from KSO 1 has been approved by the Assurance and Risk Executive Group and the Executive Lead to be closed; • Risk ID 2640: Lack of transfusion team staff - H3 This risk has been separated to; 1. The availability of training in relation to Blood Transfusion in Clinical Support Services and; 2. The numbers of staff members within Divisions who have / can undertake this training Reviews are currently being undertaken to ensure the risks are up to date. One new risk has been approved by the Assurance and Risk Executive Group and the Executive Lead to be added to the significant risk register and aligned to KSO 1; • Risk ID 2793: Risk of inconsistent care delivery due to enhanced care needs of patients This involves the management of the needs of the increased numbers of enhanced care elderly patients admitted across acute access and medical wards. All risks relating to Brexit are currently being reviewed to ensure they are accurate and up to date.
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	10 (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 **14** significant risks on the Risk Register.

Current Significant Risk scoring profile:

Score	June Board Report	July Board Report	August Board Report	September Board Report	October Board Report	November Board Report	Current position
20	**1**	**1**	**1**	**1**	**1**	**1**	**1**
16	**6**	**7**	**7**	**7**	**7**	**9**	**8**
15	**4**	**4**	**4**	**4**	**5**	**4**	**5**
Total	**11**	**12**	**12**	**13**	**13**	**14**	**14**

3. Closed Significant Risks

One risk from KSO 1 has been approved by the Assurance and Risk Executive Group and the Executive Lead to be closed;

- Risk ID 2640: Lack of transfusion team staff - H3

This risk has been separated to;

1. The availability of training in relation to Blood Transfusion in Clinical Support Services and;
2. The numbers of staff members within Divisions who have / can undertake this training

Reviews are currently being undertaken to ensure the risks are up to date.

4. New Significant Risks

One new risk has been approved by the Assurance and Risk Executive Group and the Executive Lead to be added to the significant risk register and aligned to KSO 1;

- Risk ID 2793: Risk of inconsistent care delivery due to enhanced care needs of patients

This involves the management of the needs of the increased numbers of enhanced care elderly patients admitted across acute access and medical wards.

All risks relating to Brexit are currently being reviewed to ensure they are accurate and up to date. There are currently no significant risks relating to Brexit.

5. 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 November 2020 and was approved to remain as graded. Risk reviewed and approved by Executive Lead in November 2020.
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 November 2020 and was approved to remain as graded. Risk reviewed and approved by Executive Lead in November 2020. Reduction of shielding from 7 to 3 days for Endoscopy procedure. Endoscopy Unit open 6 days a week.
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 at AREG in November 2020 and was approved to remain as graded. Risk reviewed by Executive Lead in November 2020. A review has been requested to confirm if the correct denominator of expected deaths is being utilised as opposed to all deaths. This will ensure that the reported figures are truly representative. Meeting with Informatics and coding to review how the denominator can be updated to improve the quality of reporting.

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 November 2020 and was approved to remain as graded. Risk reviewed and approved by Executive Lead in November 2020. The department is currently operating at 90% pre Covid capacity but significant skills shortages remain. The service is not meeting demand with the available capacity. The service is working to improve rotas and working practices and reviewing skill mix to meet service needs. Outsourcing of MR and Ultrasound has commenced to deliver the backlog and additional resource for the reporting plain film to provide efficient service.
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 normal services or standards of care.	Chief Operating Officer	Catastrophic (5) x Possible (3) **= 15**	Catastrophic (5) x Possible (3) **= 15**	Catastrophic (5) x Rare (1) **= 5**	Risk reviewed at AREG in November 2020 and was approved to remain as graded. Risk reviewed and approved by Executive Lead in November 2020.

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 at AREG in November 2020 and was approved to remain as graded. Risk reviewed and approved by Executive Lead in November 2020. Reviewed by HON - No changes to scorings
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 November 2020 and was approved to remain as graded. Risk reviewed and approved by Executive Lead in November 2020. Performance is still inconsistent.
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 at AREG in November 2020 and was approved to remain as graded. Risk reviewed and approved by Executive Lead in November 2020. Currently waiting for CQC inspection report before considering any change to risk rating.
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 at AREG in November 2020 and was approved to remain as graded. Risk reviewed and approved by Executive Lead in November 2020. Update provided by the Head of Nursing: There are currently no changes in November 2020.

One risk aligned to KSO 1 has been approved by the Assurance and Risk Executive Group to be closed and removed from the significant risk register;

2640	Risk to the trust's ability to provide required capacity for transfusion services due to the depleted transfusion team staff.	Chief Nurse	Major (4) x Likely (4) **= 16**	Major (4) x Likely (4) **= 16**	Major (4) x Rare (1) **= 4**	Risk reviewed at AREG on 20 October 2020. The Chief Nurse has requested for this risk to be reviewed by the relevant divisions with a view to separate the risk into two – the risk to patients of not having staff trained in the management of blood transfusions and associated products, and the capacity to deliver the training. .

One risk has been approved by the Assurance and Risk Executive Group to be added to the Significant Risk register aligned to KSO 1;

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 at AREG in November 2020 and was approved to be added to the significant risk register. Risk approved by Chief Nurse in November 2020 to be submitted to AREG for inclusion on significant risk register.

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	COO	Major (4) x Almost certain (5) **= 20**	Major (4) x Likely (4) **= 16**	Major (4) x Unlikely (2) **= 8**	Risk reviewed at AREG in November 2020 and was approved to remain as graded. Risk reviewed and approved by Executive Lead in November 2020.

	• Medical equipment					The size of the estate may be unable to meet demand for the potential second wave of Covid-19. The Sandringham site opened as an elective surgical centre as of 10 November 2020. Ward review and bed modelling has been undertaken to understand the inpatient bed requirement to deliver 92% occupancy.
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 November 2020 and was approved to remain as graded. Risk reviewed and approved by Executive Lead in November 2020. Week beginning 2nd Nov, Castons chartered surveyors will be on site and will commence visual and intrusive surveys of the roof and wall planks. 4 surveyors will be on site reporting to the roof project manager.
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.	Chief Operating Officer	Catastrophic (5) x Possible (3) **= 15**	Catastrophic (5) x Possible (3) **= 15**	Major (4) x Unlikely (2) **= 8**	Risk reviewed at AREG in November 2020 and was approved to remain as graded. Risk reviewed and approved by Executive Lead in November 2020. With the DSP Toolkit having been submitted with 12 outstanding areas that require addressing, our existing third-party support, Sapphire, have been briefed upon the position and been asked to provide options in relation to the design of a programme which will address the planning and risks rather than directly addressing the

						outcomes / recommendations of the recent Cyber Audit.

Significant Risks aligned to KSO 4

2759	**KSO 4 Principal risk** Engagement - Patient Pathways 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 Finance	Major (4) x Possible (3) **= 12**	Major (4) x Likely (4) **= 16**	Major (4) x Unlikely (2) **= 8**	Financial positon to M6 delivered in line with national guidelines. Trust has agreed out-turn position with NHS E/I, as part of the STP settlement for 20/21 CIP plan delivering in year to support financial outturn Positive cash flows based on national position to month 6, and on agreed plan for months 7-12. Capital expenditure plan agreed through STP and Trust in receipt of national funding. Significant capital programmes will be delivered in year Trust has agreed a deficit position with the STP and NHSE/I for 20/21. Awaiting guidance on financial planning framework and settlement for 21/22 Risk reviewed at AREG in November 2020 and was approved to remain as graded. Risk reviewed and approved by Executive Lead in November 2020.

6. Summary and further actions

This report, and the accompanying annex from the Risk Register, summarise all significant risks currently contained on the Risk Register (as at 19 November 2020). 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 November 2020. 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
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