The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	7 April 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)		
Author:	Douglas Woodcock – Risk Manager		
Executive Sponsor:	Louise Notley - 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	
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 now (as of 25 March 2021) 13 approved significant risks included on the Trust's Risk Register, following the downgrading of 1 significant risk to a score of 10. The 13 significant risks are as follows: • 1 risk scoring 20+ • 7 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. There were two significant risks that were downgraded at the Assurance and Risk Executive Group in March 2021; • Risk ID 2699 – KSO 1 - Quality Risk to Service Delivery during Covid-19 Pandemic – the likelihood of this risk was downgraded from Likely (4) to Possible (3), in light of the continuing reduction in the number of inpatients who are confirmed to have Covid-19 (6 as of 24 March 2021). This risk is now scored at 15, meaning it remains a significant risk. • Risk ID 2708 – KSO 1 – Quality Risk to Critical Care patients due to Covid-19 – the likelihood of this risk was downgraded from Possible (3) to Unlikely (2), in light of the number of patients in CCU confirmed to have Covid-19 reducing to zero, thus reducing the risk of inadequate levels of staffing and supplies. This risk is now scored at 10, meaning it is no longer considered a significant risk. A detailed report of all Risk Register entries as of 25 March 2021 currently scoring 15+ is attached as an annex 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	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	0
KSO 5 HEALTHY LIVES – Patient Outcomes	0
KSO 6 HEALTHY LIVES – Maximising Staff Potential	0

2. Summary position Significant Risks

There are currently **13** significant risks on the Risk Register.

Current Significant Risk scoring profile:

Score	November Board Report	December Board Report	January Board Report	February Board Report	Current position
20	**1**	**1**	**2**	**2**	**1**
16	**9**	**8**	**7**	**6**	**7**
15	**4**	**5**	**6**	**6**	**5**
Total	**14**	**14**	**15**	**14**	**13**

There were two significant risks that were downgraded at the Assurance and Risk Executive Group in March 2021;

- Risk ID 2699 – KSO 1 - Quality
  Risk to Service Delivery during Covid-19 Pandemic – the likelihood of this risk was downgraded from Likely (4) to Possible (3), in light of the continuing reduction in the number of inpatients who are confirmed to have Covid-19 (6 as of 24 March 2021). This risk is now scored at 15, meaning it remains a significant risk.

- Risk ID 2708 – KSO 1 – Quality
  Risk to Critical Care patients due to Covid-19 – the likelihood of this risk was downgraded from Possible (3) to Unlikely (2), in light of the number of patients in CCU confirmed to have Covid-19 reducing to zero, thus reducing the risk of inadequate levels of staffing and supplies. This risk is now scored at 10, meaning it is no longer considered a significant risk.

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 at AREG in March 21. The changes to the controls were noted, and no change to the risk grading was proposed. Risk Reviewed and approved by Medical Director. Slight amendments made to the controls based on the latest IPR. Risk level 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	Major (4) x Likely (4) **= 16**	Major (4) x Likely (4) **= 16**	Minor (2) x Possible (3) **= 6**	Risk reviewed at AREG in March 21. Although the risk was approved, a changing to the narrative was requested as most recent review suggested that all cancer surgery was paused which was not the case except for colorectal surgery. The reintroduction of colorectal surgery is having a positive impact on the waiting time of patients. The backlog is now reducing week on week and currently sits at 36 patients.
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 March 21. The changes to the controls and risk description were approved. No change to the risk scoring was proposed, as work towards compliance is ongoing. Risk reviewed by Executive Lead in March 21, with the controls updated and risk description slightly amended.
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	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 March 21. No change to the risk score was proposed. Substantial vacancies currently remain within radiology. However, the controls remain the same, and greater assurance of the controls is in

	insufficient staff in diagnostic imaging.					development. Risk reviewed by medical director. Cultural programme has commenced within radiology to improve working lives which may improve recruitment and retention. Risk level to remain the same.
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 March 2021. The risk scoring was downgraded from likely (4) to possible (3), changing the overall scoring to 15, meaning it remained a significant risk. The number of inpatients confirmed to having Covid-19 has decreased significantly over the last few weeks, with one ward de-escalated and another planned for de-escalation. Risk reviewed by COO. Wording of the controls has been amended. A change to the wording and scoring of the risk has also been suggested due to ongoing immunisation drive, with local and national Covid-19 cases dropping.
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 March 21. Although the narrative in relation to staffing absences is improving, the focus should now shift on return to work for staff members on long-term sick leave. Risk to be reallocated to Director of People (pending approval) for Exec Ownership, and risk scoring to remain the same. Risk has been reviewed by COO. Staff Covid-19 vaccinations have been added as a control. It was also suggested that the risk level could be reviewed in light of the ongoing vaccination drive.

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 March 2021. Although the current ED footprint is functional, it is not felt to be sustainable in the long term. A task and finish group has been established in relation to changing the footprint. Risk grading to remain the same. Risk reviewed by ED Leadership Team 01/03/2021. Further reduction in month in ambulance delays over an hour from 7.88% in January 21 to 1.08% in February 21. Sustained and further improvement in performance for 15 minute ambulance handover, January performance - 47.45%, February performance 56.55% February performance for 4 hour increased to 83.5% slightly below the Trust trajectory of 83.66%. Risk proposed to remain the same as currently still below Trust trajectory. Existing controls updated.
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 March 2021. There are currently only 7 section 31 notices remaining. This risk may be considered for downgrade once the formal notice has come through in relation to the other section 31s being lifted. Risk reviewed by medical director. The Trust EAG has returned 30 of 33 learning conditions to business as usual. Risk level to remain the same.
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 March 2021. Risk grading to remain the same; the acuity and number of mental health patients presenting at ED may increase as the trend has been post-

						lockdown. Mental Health Trusts have not as yet made any further mitigations. Risk reviewed by Exec lead in March 21. Slight amendments to the wording of the risk description and risk controls made. Risk to be potentially downgraded as the current likelihood may be too high. To be discussed at AREG.
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 March 21. No changes to the risk grading were proposed at this time, however, it was noted that this risk may be suitable for downgrading further down the line should the situation continue to improve. Risk reviewed and approved by Exec Lead, with amendment of 39 Healthcare Support Workers started in March 21 added to existing controls. Risk level to remain the same.

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 at AREG in March. No changes to the risk scoring were proposed. Risk reviewed by director of finance. Slight amendments made to controls, risk to remain as graded.
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 February 2021. Risk reviewed and updated 25.03.21: The total number of roof planks identified on the plans is 7,881 (the estimate was 10,000)

						The number of planks fully surveyed is 3,156, The percentage surveyed is 40% Following survey work undertaken to date there are 131 props around the site. There are 90 defective planks plus the 75 identified in the gym, previously estimated at 100 planks, total is 165 planks, across 42 areas of the Trust. The CCU work remains on track for completion and a separate risk will be added to the register to reflect CCU. Risk reviewed at AREG in March 2021. No changes to the risk grading were proposed, and the changes to the controls and narrative were approved. However, it was noted that new risks were proposed to be added to the risk register specifically in relation to the deterioration of the roof in CCU. Risk reviewed and approved by Director of Finance.
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 and approved at AREG in March 21. A slight amendment to the controls was requested which has now been actioned. Risk reviewed and approved by Deputy CEO. Risk grading to remain the same. Update from Nigel Hall and Dave Gray: Experienced NHS Cyber Security Manager

						in post from 1st Feb 2021 Creation of Cyber Task & Finish group to track more immediate security vulnerabilities and non-compliances in place Emerging cyber security strategy in line with NIST best practise (NIST Cyber Security Framework) Ensuring a balanced set of security controls – Identify, Protect, Detect, Respond and Recover Better Digital team awareness of contemporary cyber threats Creation of Virtual Cyber Security Team within the Digital department to focus on coordinating security related activities to deliver the cyber security strategy Emerging plan to rehearse major cyber incident response in conjunction with David Coe and the regional Local resilience Forum

Significant Risks aligned to KSO 1 Downgraded to Moderate

2708	**KSO 1** Risk to Critical Care patients due to Covid-19	Chief Operating Officer	Catastrophic (5) x Possible (3) **= 15**	Catastrophic (5) x Unlikely (2) **= 12**	Major (4) x Unlikely (2) **= 8**	Risk reviewed at AREG in March 21. It was agreed that the likelihood of this risk could be downgraded to 2 (unlikely), as there are currently no Covid-19 patients in CCU, so there is less demand on resources. Risk scoring has reduced to 10, so this risk is no longer a significant risk. Risk updated, elective surgery aspects removed and to be included in RISK 2754. This risk is now for critical care. We would suggest downgrading at next RAG due to reduction in COVID-19 patients both locally and nationally.

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 25 March 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 March 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

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	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 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.	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