The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	3 November 2020	**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]*					
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 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 October 2020) 14 approved significant risks included on the Trust's Risk Register as follows: • 1 risk scoring 20+ • 9 risks scoring 16 • 4 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 are being approved as part of the implementation of the BAF. Since the last report received by Board in October 2020 no changes have been made to the grades of existing significant risks. One risk has been approved by the Assurance and Risk Executive Group to be downgraded from being a Significant Risk score of 15 – 10 moderate, aligned to KSO1 in October 2020; • Risk ID 2762: There is a risk that a patient may come to significant harm while receiving Non Invasive Ventilation (NIV) in a Side Room. The risk is that the patient could remove the mask for NIV whilst the nurse is out of the side room. An existing moderate risk has been approved by the Assurance and Risk Executive Group to be added as a Significant Risk aligned to KSO1 in October 2020, from moderated 12 to 16 • Risk ID 2244: Lack of MH beds in the community leading to a potential 12 hour A&E breach. Another existing moderate risk has been approved by the Assurance and Risk Executive Group to be added as a Significant Risk in October 2020. This is the principal risk for KSO 4; • Risk ID 2759: 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 Due to the current circumstances surrounding Brexit, all risks in relation to this are in the process of being reviewed. If necessary, new risks will be added.
Recommendation:	The Trust 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 (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
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.

Due to the current circumstances surrounding Brexit, all risks in relation to this are in the process of being reviewed. If necessary, new risks will be added.

Current Significant Risk scoring profile:

Score	March Board Report	April Board Report	May Board Report	June Board Report	July Board Report	August Board Report	September Board Report	October Board Report	Current position
20	**1**	**2**	**3**	**1**	**1**	**1**	**1**	**1**	**1**
16	**7**	**6**	**6**	**6**	**7**	**7**	**7**	**7**	**9**
15	**2**	**2**	**3**	**4**	**4**	**4**	**4**	**5**	**4**
Total	**10**	**10**	**12**	**11**	**12**	**12**	**13**	**13**	**14**

3. Closed Significant Risks

One risk has been approved by the Assurance and Risk Executive Group to be downgraded from being a Significant Risk aligned to KSO 1 in October 2020;

- Risk ID 2762: There is a risk that a patient may come to significant harm while receiving Non Invasive Ventilation (NIV) in a Side Room. The risk is that the patient could remove the mask for NIV whilst the nurse is out of the side room.

4. New Significant Risks

An existing moderate risk has been approved by the Assurance and Risk Executive Group to be added as a Significant Risk aligned to KSO 1 in October 2020;

- Risk ID 2244: Lack of MH beds in the community leading to a potential 12 hour A&E breach.

Another existing moderate risk has been approved by the Assurance and Risk Executive Group to be added as a Significant Risk in October 2020. This is the principal risk for KSO 4;

- Risk ID 2759: 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

5. 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 Likely (4) = **16**	Major (4) x Likely (4) = **16**	Major (4) x Rare (1) = 4	Risk reviewed at AREG on 20 October 2020. The Committee agreed for the risk rating to remain unchanged. Risk reviewed and approved by Executive Lead.
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 on 20 October 2020. The committee approved for the risk to remain as graded. Risk reviewed and approved by Executive Lead. • Ongoing work with the IST team focused on pathway improvements in Lower GI, Gynaecology and Endoscopy. • Endoscopy backlog was cleared in August as per the plan. • Recovery trajectory in place to deliver sustainable performance against the national 62D standard from January 2021. • Harm Review and Breach Analysis meeting first Monday of each month • Trust Lead Matron for Cancer appointed
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	The risk was reviewed by AREG on 20 October 2020. The committee approved for the risk to remain as graded. Risk reviewed and approved by Executive Lead.

						Current compliance for September = 67.86% (reduction from Aug) Agreed compliance dashboard with the Information team Trajectory to achieve 75% by end Dec 2020. Ward based training in place. Issue with printing to be escalated
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 on 20 October 2020. The committee approved for the risk to remain as graded. Risk reviewed and approved by Executive Lead. A consultant Radiologist post advertisement is out. There was positive feedback from unannounced CQC inspection in September 20 regarding the safety and management of patients undergoing CT with contrast media and use of PGDs. There is positive assurance in the quality of Radiology reporting due to the REALM process in place. There is a business case that has been approved to outsource additional capacity for MRI and Ultrasound.
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. .

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 its 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 on 20 October 2020. The Committee approved the risk to remain as graded. Risk reviewed and approved by Executive Lead. The Trust has complied with National guidelines to move into the third phase known as the recovery phase of the incident. The third phase of the NHS response to COVID-19 focuses on accelerating the return to near-normal levels of non-COVID health services.
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 on 20 October 2020. The Committee approved the risk to remain as graded. Risk reviewed and approved by Executive Lead. Reviewed by HON on 28th September 2020 - No changes to rating. Staffing remains challenging with seasonal sickness compounded by isolation, quarantine, maternity shielding of staff. Backfill cover very challenging for both Registered and Unregistered.
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 by AREG on 20 October 2020. The committee approved for the risk to remain as graded. Risk reviewed and approved by Executive Lead. Risk reviewed by DGM 02/10/2020 - Existing controls updated to include the UEC improvement programme. Risk remains at

						current rating due to inconsistencies in performance.
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 on 20 October 2020. The Committee agreed for the risk rating to remain unchanged. Risk reviewed and approved by Executive Lead. There has been positive feedback from a recent unannounced CQC inspection. The CQC have advised the Trust to apply to have the Section 31 notices removed.

One risk has been approved by the Assurance and Risk Executive Group to be downgraded from being a Significant Risk aligned to KSO 1;

2762	There is a risk that a patient may come to significant harm while receiving NIV in a Side Room. The risk is that the patient could remove the mask for NIV whilst the nurse is out of the side room.	Chief Nurse	Catastrophic (5) x Possible (3) = **15**	Moderate (5) x Unlikely (2) = 10	Catastrophic (5) x Rare (1) = 5	Risk reviewed at AREG on 20 October 2020. The Committee agreed for the risk rating to be downgraded to moderate.

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

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 on 20 October 2020. The Committee agreed for the risk to be upgraded and added to the significant risk register. Risk reviewed and approved by Executive Lead in October 2020. Reviewed by HON September 28th 2020 - Likelihood increased too likely as the breaching of 4 hours from DTA and stays in ED of >12 hours is

						happening on a weekly basis with X7 12 hour breaches (all mental health bed requirements) July-Aug. Agreed at Div Board and R&AG.

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**	The risk was reviewed on 20 October 2020. The committee approved for the risk to remain as graded. Risk reviewed and approved by Executive Lead. Risk reviewed on 22 September by Deputy COO. The Medical Equipment Committee has been restarted with Divisional representation. Capital allocation has been made. This is an opportunity for the Divisions to prioritise requirements and provide a business case with an audit trail. The Committee is chaired by a Consultant Anaesthetist and there is representation from Procurement.
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 (4) = **20**	Catastrophic (5) x Likely (4) = **20**	Major (4) X Rare (1) **= 4**	Risk reviewed at AREG on 20 October 2020. The Committee agreed for the risk rating to remain unchanged. The Director of Finance advised that following the successful initial Emergency Preparedness, the Trust have been asked to take part in regional Emergency Preparedness 'Operation Hodges' being held during September, Sustainability and Transformation Partnership (STP) and regional response to a catastrophic failure. The Board are confident that the risk to remain at score of 20, which was also agreed by the Group.

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 on 20 October 2020. Head of Digital advised that there is a recruitment process underway for a Cyber Security Manager, There is an action plan to address the DSP toolkit. Risk reviewed and approved by Executive Lead. Update provided by Head of Digital - The latest Cyber audit and DSP Toolkit has identified a number of areas where the Trust has failed to provide evidence of compliance. Without further work in this area and assurance given, the risk will remain scored @ 20. An action plan has been written and provided to NHS Digital along with timescales. With the recruitment of a Cyber Manger on-going it is desired that the risk can be reviewed prior to the end of the year with further assurance / plans being forthcoming.

Significant Risks aligned to KSO 4

Another existing moderate risk has been approved by the Assurance and Risk Executive Group to be added as a Significant Risk in October 2020. This is the principal risk for KSO 4;

2759	**KSO 4 – Principal Risk** 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	Risk reviewed at AREG on 20 October 2020. The Committee approved the risk to be added to the significant risk register. Director of Finance reviewed the risk and advised the likelihood of the risk has increased to 4 (likely).

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 21 October 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 October 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	LEAD EXEC	MONITORING COMMITTEE	ALIGNED SIGNIFICANT RISKS
QUALITY **1**: 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 2640 – Transfusion service staffing 2244 - Lack of MH beds in the community 2483 – Reputational damage / CQC regulatory notices
QUALITY **2**: 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
ENGAGEMENT **3**. 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	Deputy CEO	People Committee	No Significant Risks aligned
ENGAGEMENT **4**: 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
HEALTHY LIVES **5**: 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
HEALTHY LIVES **6**: 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