The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	6 October 2020	**Agenda item:**	15
Report Title:	Report on Significant Risks contained within the Trust's Risk Register		
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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	KS01 KS02	
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) Senior Leadership Team 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 of Directors with assurance regarding the oversight and management of all risks classified as 'Significant' (Risks rated 15 and above) currently contained on the Trust's 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 rated 15 and above) on the Trust's 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 17 September 2020) 13 approved Significant Risks included on the Trust's Risk Register 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. Since the last report received by the Trust Board in September 2020 no changes have been made to the rating of existing Significant Risks. Following discussion at the Assurance and Risk Group in September 2020, it was decided that Risk ID 2483; 'CQC Section 31 and Section 29A Risk of further regulatory notices' should be moved from KSO2 and realigned with KSO1. A detailed report of all Risk Register entries as at 17 September 2020 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	BAF – Board Assurance Framework DLT - Divisional Leadership Teams

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 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**. Full details of all significant risks are contained in **Appendix 2**

BAF ALIGNMENT	NUMBER
KSO1 QUALITY - Safe & Compassionate Care	10 (including principal risk)
KSO2 QUALITY - Estate & Infrastructure	3 (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 **13** significant risks on the Risk Register. Since the last report received by the Trust Board in September 2020, no changes have been made to the rating of existing Significant Risks.

Following discussion at the Assurance and Risk Group in September 2020, it was agreed that Risk ID 2483; 'CQC Section 31 and Section 29A Risk of further regulatory notices' should be moved from KSO2 and realigned with KSO1.

Current Significant Risk scoring profile:

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

4. Significant Risks aligned to KSO1

RISK ID	SUMMARY DESCRIPTION	EXECUTIVE OVERSIGHT	PREVIOUS SCORE	CURRENT SCORE (CXL)	TARGET SCORE (CXL)	COMMENTARY
2592	**KSO1 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 by Exec Lead on 3 September 2020. Risk to remain as graded. There is a new structure in place as well as new sub division and leadership. (Details contained in appendix 2)
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 by Exec Lead on 3 September 2020. Risk to remain as graded. Elective activity has restarted and currently operating at 50% of pre COVID activity level, plans are in place to restart Day Surgery Unit which will increase elective activity. Intensive Support Team (IST) have re-commenced work in colorectal, gynaecology and endoscopy, teams have mapped out clinical pathway milestone and will be starting to populate IST model.
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 by Exec Lead on 3 September 2020. Risk to remain as graded. 19 August 2020 - Monitoring continues with a monthly collation of deceased patient's notes from the mortuary database. July compliance= 54.97% June compliance= 47.36% This excludes ICU (EPR) and patients who are

						discharged (spot check 40% patients discharged with an IPOC) Discussed at the Recognise and Respond forum- 18/08/20- Plans to review data collection to include all patients and the elements of the IPOC- not just the paper document.
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 by Exec Lead on 3 September 2020. Serious Incidents have been reported due to Radiology discrepancies. Planned additional resource to address backlog in MRI and Ultrasound. Risk to remain as graded. A business case has been submitted for the outsourcing of MR and Ultrasound this has been approved, awaiting supplier. Interviews for band 5/6 posts being progressed Consultant posts remain unadvertised awaiting job planning review.
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 by Exec Lead on 3 September 2020. Risk to remain as graded. Agreement with Transfusion team and corporate nursing on 28th August;- to use ward managers as cascade trainers and to make this mandatory. List of staff to receive such training being obtained. These staff to deliver training to their staff, minimum of 2 per week in addition to ongoing usual training in the transfusion dept. Ownership of compliance with training to be

						taken on by departments, with onus for training capacity and support sitting with CSS.
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 by Exec Lead on 3 September 2020. Risk to remain as graded. Figures provided by Senior Assistant HR Business Partner on 6 August 2020. 1. Number of staff risk-assessed and percentage of whole workforce - 1399 completed or 39% of total headcount of workforce 2. Number of Black, Asian and Minority Ethnic (BAME) staff risk assessments completed, and percentage of total risk assessments completed and of whole workforce - 614 completed or 43% or risk assessments completed or 17% of total headcount of workforce
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 by Exec Lead on 3 September 2020. Risk to remain as graded. Reviewed by HON on 27 August 2020. Risk to remain as scored currently as there is a reduction in sickness evident but staffing has been compounded by the fluctuating quarantine/air corridors and ongoing pregnancy shielding. The Division will continue to monitor.

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 Exec Lead on 3 September 2020. Risk to remain as graded. Risk reviewed by Operations Manager 01/09/2020 - Existing controls updated. Risk remains at current rating due to inconsistencies in performance. Actions in place to support flow including a bed modelling review which is being finalised over the next few weeks, review of assessment pathways and the capacity required to take more patients directly as opposed to diverting to ED. Paper being drawn up by end of month.
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	Catastrophic (5) x Possible (3) = 15	Catastrophic (5) x Rare (1) = 5	Risk reviewed by Exec Lead on 3 September 2020. Risk to remain as graded. Reviewed by the HON on 27 August 2020. There have been no adverse incidents with NIV (covid/possible covid) in side rooms in Month. To remain as scored currently but re-review in 1 month and if mitigations/controls continue to control the risk scoring to be revised.
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 by Exec Lead on 3 September 2020. Risk to remain as graded. Risk reviewed by the Associate Director of Quality Improvement on 1 September 2020, 39 of the 43 conditions have been completed and signed off by the Evidence Assurance Group in line with the planned trajectory. Submitted further evidence to the CQC in relation to the Trust's application to lift 5 of the S31 conditions for Maternity. Whilst

						progress to address the conditions continues, until the CQC carry out a reinspection of these conditions, the risk rating remains at 16. COVID-19 has delayed the reinspection but it is anticipated an Autumn inspection is likely.

Significant Risks aligned to KSO2

Risk ID	Summary description	Executive Oversight	Previous Score (CxL)	Current Score (CxL)	Target Score (CxL)	Commentary
2757	**KSO2 – 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**	Reviewed by COO on 3 September 2020. 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 (4) = **20**	Catastrophic (5) x Likely (4) = **20**	Major (4) x Rare (1) = **4**	Risk reviewed by Exec Lead on 3 September 2020. Risk to remain as graded. Risk reviewed by Head of Operational Estates on 04.09.20. Business case approved to employ professional consultant team comprising Structural Engineer MLM to: • Re Lase level Survey of RAAC Planks to reassess any further deflections form the same locations taken in 2014 • This will also serve as a model

						sample to gauge any further deterioration since the last survey • Wards to be resurveyed o Marham o Gayton o Elm o Winsor o Wolferton –now admin
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**	Reviewed by Deputy CEO on 3 September 2020. Risk to remain as graded.

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 17 September 2020). All risks have been reviewed by the relevant Executive Director during the last month and also at the Assurance & Risk Executive Group meeting in September 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 of Directors is invited to:

- Note the contents of the report
- Receive assurance relating to the oversight and management of Significant Risks

Appendix 1

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 2762 - Non Invasive Ventilation Therapy 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 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
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