

## 1. Summary

### 1.1. Explanation

This document provides the Board of Directors (the Board) with the top ten risks on the corporate risk register as at 17 March 2014. The full register was last presented to the Board at the January 2014 meeting, the top ten risks were reported at the meeting on 28 February 2014. The full Corporate Risk Register was received by the Risk Management and Governance Group (RMGG) on 29 January 2014 and the top 10 risks were reported on at the last meeting on 25 February 2014. This report includes changes that occurred since the February meeting. The financial risks were last discussed at the FIC on 23 September 2013.

The Corporate Risk Register outlines descriptions of the risks, mitigating actions, residual impact following the action, and cumulative outline of action taken. Progress is being made across each area of risk in pursuing the necessary actions to control and mitigate the risks. Risks associated with Health and Safety legislation are as indicated on the register.

The 10 highest areas of risk are:

Rank	Risk Number	Summary
1	27	Internal - Financial Efficiency Improvements and Control
2	34	A&E targets and emergency pathways
3	3	Patient safety, experience & effectiveness compromised through inefficient clinical pathways/patient flow
4	29	External - CCG Demand Management, Contract Negotiations and Financial Challenges
5	52	Clinical and patient safety risk associated with the delayed implementation of the PACS/RIS
6	53	Trust response to the Reports into the provision of surgical services by the Royal College of Surgeons and the Health Education KSS
7	4	Achieving quality standards/CQUINS
8	15	Ability to maintain continuous improvement in reduction of HCAs in the presence of existing low rates
9	48	Increasing delays and patient complaints following the transition of current transport service to a new provider procured by Commissioners.
10	51	Business continuity and disaster recovery solutions for Trust wide telephony

### 1.2. Significant changes to the Register since January 2014 – Two

- 1.2.1. **Risk 15 - Ability to maintain continuous improvement in reduction of HCAs in the presence of existing low rates.** Eight MRSA bacteraemia cases were assigned to the Trust during the April 2013 to February 2014 period. This performance is above that of the past two previous years and is now above the de minimis position of six cases that triggers scrutiny by Monitor; this is at the same level within Monitor's recently published Risk Assessment Framework. Three cases were judged to be unavoidable during Post Infection Review (PIR); one case was reported on the Medical Certificate of Cause of Death in Part 1 and has, therefore been reported externally via STEIS. However a number of areas for potential improvement have been identified and are being addressed. These include more reliable measures for ensuring that MRSA screening results are passed on to primary care teams after patient discharge and routine consideration of MRSA status when selecting antibiotic therapy for ward patients. Four cases were typed as being the Lyon strain.

The *Clostridium difficile* cumulative total for April 2013 to February 2014 is 45, 17 above the total for the same period in the previous year and 19 above trajectory. Most of the excess cases are in the UCL&TC division who are 14 cases above the exceptionally low total for the same period last year. Cases are evenly spread across sites. The quarter 2 and quarter 3 performance of 10 cases is more in line with the performance during the last financial year. The reason for the increase in cases is unknown but is likely to be the extreme workload pressures during 2013 and the high acuity of patients. During this period, an increase in broad spectrum antibiotic usage (Tazocin and Levofloxacin) was observed and preliminary data suggests that usage has begun to fall back to baseline. A comprehensive *C. difficile* recovery plan is in place and Public Health England have reviewed the programme and support the initiatives in progress. A hydrogen peroxide vapour decontamination programme is in progress.

The RMGG will review the risks score at the January meeting in view of the eight assigned MRSA bacteraemias, and the breaching of the 2013-2014 trajectory for *C. difficile* and the increased risk associated with winter activity will need to be considered and the overall score reflected as a consequence. The Trust target for *C. difficile* for 2014/15 has recently been published; this is 47 cases, which is in line with previous targets. The risk remains in the top 10.

- 1.2.2. **Risk 34 - A&E performance targets** – Following a discussion at RMGG in November 2013 it was agreed to increase the pre and post mitigation risk scores; this remains the second highest risk affecting the Trust during the winter period. This risk is also linked to risk 47 “lack of a whole systems response to winter pressures” and to risk 3 “patient safety risks associated with inefficient clinical pathways and patient flow”.

The Trust met the four-hour standard in February 2014 with a performance of 95.3 per cent; there was a significant variance in performance during the month. The overall performance in quarter 3 failed to meet the four hour target, with 94.07 per cent of patients seen within four hours; quarter 4

The main challenges have been high demand/acuity of patients, and a lack of community capacity especially during the half term period which saw significant attrition in community bed and care package availability. The result was considerable for the acute medical wards which saw a stark increase in patients with LOS >14 days. A key consequence of this was an increase in bed occupancy on the short stay wards which adversely affected patient flow from A&E. This in turn had a negative impact on performance. This trend was seen from the end of November, continued through to January and sustained in February particularly at the QEQM where there was a peak of 81 patients with an LOS > 14 on the 15 January 2014.

The team is working collaboratively with external partners to improve the discharge processes and is taking the lead on reviewing the Trust discharge policy to ensure a standardised, streamlined approach to discharge planning which will greatly improve quality of care and patient experience.

Specific actions being taken are:

- The winter funding schemes are being progressed and are having a positive impact.
- Clinical care has been made safe (but not optimal) through the use of overtime, agency and NHSP.
- Overseas nurses came into post throughout Dec – February.
- Additional medical staffing in A&E and on the wards to support discharges at weekends.

This risk will also be reviewed and revised as the by the RMGG over the forthcoming quarter.

**1.3. Risks decreased in February 2014 – None**

**1.4. Risks increased in February 2014 – None**

**1.5. Risks removed from the Register in February 2014 – None**

**1.6. Emerging Risks – Eight**

- 1.6.1. Centralisation of the management of all East Kent high risk and emergency general surgery at Kent and Canterbury Hospital. This is an interim measure to ensure that high risk emergency and elective general surgery for all of East Kent can be delivered in the safest way possible. There is recognised serious clinical risk that will arise in high risk general surgery because of insufficient gastrointestinal surgeons being available to provide emergency cover, twenty four hours a day seven days a week. This has arisen because of the increasing sub-specialisation of surgery, the lack of availability of surgeons with skills that are essential to managing high risk and emergency surgery, and the difficulty recruiting both permanent and locum medical staff. If rotas continue to be maintained at two centres they would become staffed predominately by locum surgeons, which would have potential implications for patient safety, which the Trust cannot ignore. The Trust has taken steps to address these issues, but there remains a problem in recruiting sufficient appropriate surgical staff to maintain two emergency rotas. The first programme management meeting has taken place and work streams are being populated. There is greater evidence of staff engagement across all sites in order to review the direction of travel and the critical path. A weekly communication to all staff regarding progress is taking place.
- 1.6.2. Temporary closure of the aseptic service. The Aseptics Unit (ASU) is a licensed manufacturing unit that manufactures and dispenses sterile chemotherapy and monoclonal antibodies to the Cathedral Day Unit, Brabourne Unit, CBC, and VDU on a daily basis. There were a number of delays to the provision of these drugs, which were highlighted in August 2013. During the improvement modelling a number of other issues were identified. These range from inadequate Standard Operating Procedures, concerns regarding staff competency, inadequate stock control and financial deficiencies. In order to address these issues and to provide a safe platform for the future, the service has been temporarily suspended. During the forced shut down, the ASU will revert to the contingency plan of outsourcing all chemotherapy to Bath (ASU), for delivery of chemotherapy to all scheduled patients; no patient treatment will be cancelled.
- 1.6.3. Diabetic retinal screening. There has been a recent failure in the recall and follow up procedures for the diabetic retinal eye screening service based at the William Harvey Hospital. The service, whilst based within the Trust, is run as a separate entity as an organisation registered with the Charities Commission. The Trust carries no liability, under the current for the provision of services, for the acts or omissions of its staff. All screening programmes fall under the auspices of Public Health England but the services are commissioned, on behalf of GPs, by the local CCGs. The retinal screening provision is one component of the diabetic service offered by the current provider. A task and finish group is being established to consider the wider service and governance implications for the Trust of the current arrangements. It was agreed to assess the risk once the investigation into the service has been completed and consider adding this risk to the corporate risk register. The Trust intends to tender for the provision of this service at the end of the contract period in April 2014; a dedicated team is coordinating the bid. The

current provider will not tender for this service as a separate commercial entity and therefore some of the risks associated with the service can be mitigated. It was agreed to monitor the risk in line with the planned tender.

- 1.6.4. System security and potential information governance issues related to the VitalPac system. A solution to the system authentication problem is currently being progressed with company as well as the production of a revised information security plan in line with the contractual terms. The updated security plan has not yet been provided by The Learning Clinic. This risk is currently on the IT risk register and the corporate risk remains under review.
- 1.6.5. Reputational risk associated with the publication by the CQC of the first Intelligent Monitoring report placing the Trust in the Band 3 risk category. The second report was released on 13 February 2014 and a third on 13 March 2014; there are further changes to the risk profile. These updated position is as follows:
  - 1.6.5.1. Friends and Family test – April to November 2014. Performance has improved but is still an amber risk with the published performance for in-patients reported as 13.36 per cent.
  - 1.6.5.2. Last years' performance for patient satisfaction and functional mobility following elective knee replacement (PROMs). Performance has improved to an "amber" rating; however the results for 2012/13 remain unchanged. The Trust is above the national average for patient satisfaction based on the figures published by the Health and Social Care Information Centre (HSCIC) for Oxford knee and EQ-5D scores. The Trust performs less well against the EQ-VAS score. The Divisional Medical Director for Surgery is leading an improvement plan;
  - 1.6.5.3. Enhanced monitoring by the General Medical Council. This has improved to an "amber" rating.
  - 1.6.5.4. Never events – this is reported over the calendar year and reports four never events in the period; there have been two never events in the financial year. The risk rating is "amber".
  - 1.6.5.5. Emergency readmissions within 30 days following an elective admission. The Trust is in line with the number of patients readmitted but has triggered the CUSUM on more than one occasion during the period 01 September 2012 to 31 August 2013. This is a new "red" rated risk. It has not been possible yet to replicate the findings as the standard measure is for readmission at 28 days. The information team are currently undertaking further analysis.

The Trust underwent the scheduled assessment of services week commencing 03 March 2014. The team were on site for a period of four days, the inspection finishing on 07 March 2014. The requests for additional documentation remain ongoing and the draft report and findings are awaited. The unannounced visits have taken place on 19<sup>th</sup> and 20<sup>th</sup> March to all 3 sites.

- 1.6.6. The Trust met the two-week wait target for symptomatic breast disease in January 2014 with a performance of 94.97 per cent, against a target of 93 per cent. This position still requires validation. The target of 93 per cent for quarter 3 was met, with an overall performance of 93.29 per cent. The current un-validated position for February 2014 shows non-compliance against the 62 Day Screening standard only, which is an improving position. The Trust failed to meet this target for quarter 3. Performance Improvement is being led by the Specialist Division working closely with the Surgical and Clinical Support divisions. The risk is on the risk register for the Surgical Division as the pathway most affected is the breast pathway. These risks will be discussed further at RMGG for a decision as to the addition to the corporate risk register.

- 1.6.7. Delays and breaches of targets by SECamb, which is affecting the ability of the Trust to respond to those patients who deteriorate internally and those who require specific paramedical input before admission. The number of incidents reporting delays in inter site transfers have increased, specifically those where the patient is in receipt of critical care and/or where specialist services are located at a different hospital site. A meta-analysis of these cases has been undertaken, which confirmed the risk and the level of documentation associated with the decision to transfer. There are also a number of incidents where a detailed Root Cause Analysis (RCA) has been undertaken, which the initial attendance by a single-handed "first responder" may have affected the patient outcome. The Trust is making concerted efforts to liaise with SECamb about these issues and to collaborate with joint RCA investigations when this is deemed necessary. An in-depth analysis of transfers of care has been undertaken and it has been agreed with SECamb and the Commissioner that SECamb will continue to carry out critical high risk care transfers rather than the current Patient Transport provider.

## **2. Risk Register and impact on the Annual Governance Statement**

- 2.1. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of East Kent Hospitals University NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.
- 2.2. The gaps in controls identified for the revised performance risks will impact on the Annual Governance Statement for 2013/14 and the internal systems currently in place to control and manage risk effectively.

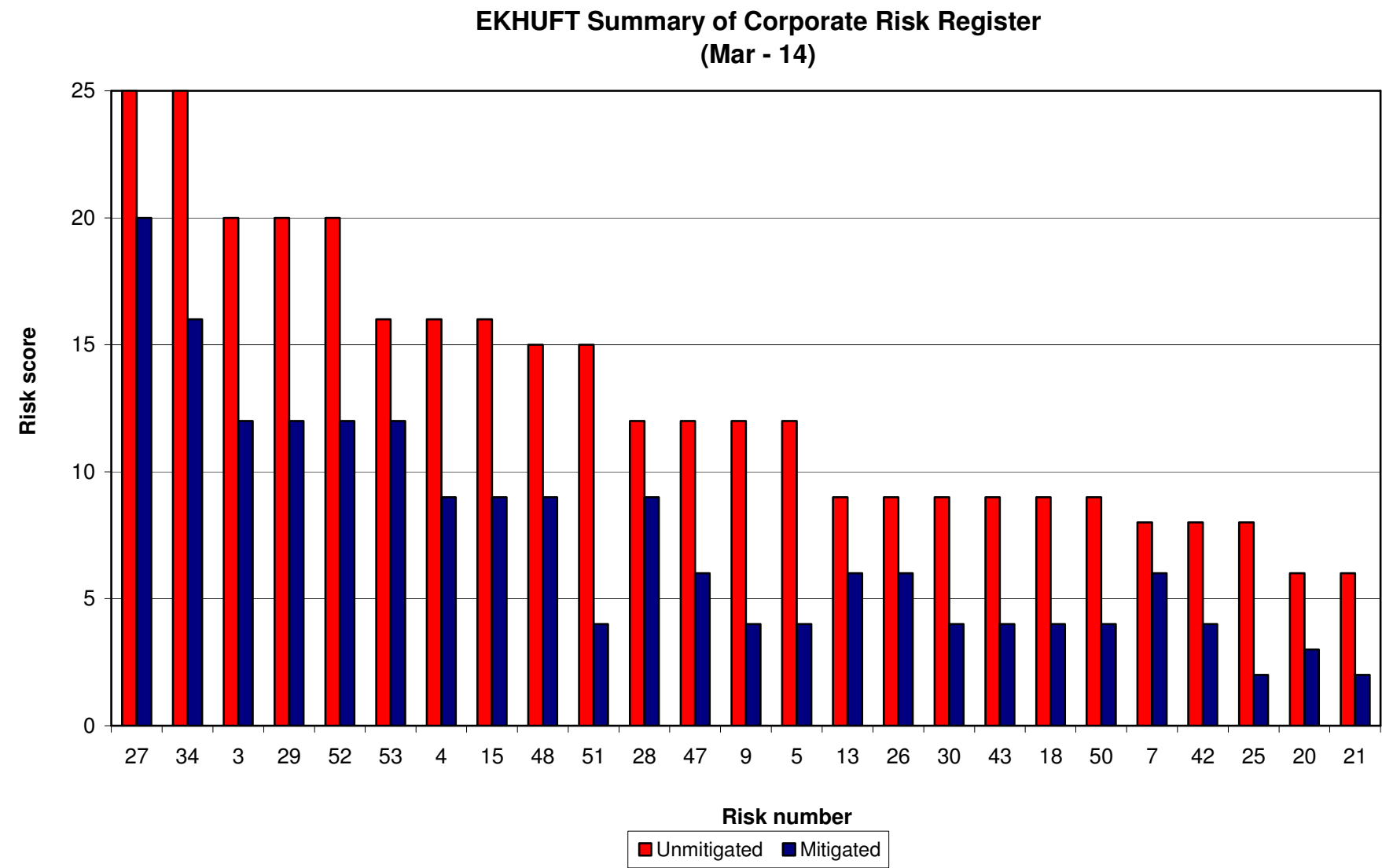
## **3. The Board of Directors are requested to:**

- 3.1. Note the report, discuss and determine actions as appropriate and approve the revised risk register.

#### 4. Pre and Post Mitigation Scores

Current order	Risk number	Unmitigated	Mitigated	Description	Last Reviewed	Review Contact
1	27	25	20	Internal - Financial Efficiency Improvements and Control	Sep-13	Mark Austin
2	34	25	16	A&E performance targets	Feb-14	Giselle Broomes
3	3	20	12	Patient safety, experience & effectiveness compromised through inefficient clinical pathways/patient flow	Jan-14	Julie Pearce
4	29	20	12	External - PCT Demand Management, Contract Negotiations and Financial Challenges	Sep-13	Mark Austin
5	52	20	12	Clinical and patient safety risk associated with the delayed implementation of the PACS/RIS	Jan-14	Marion Clayton
6	53	16	12	Trust response to the Reports into the provision of surgical services by the Royal College of Surgeons and the KSS Deanery	Jan-14	Noel Wilson/Rachel Jones
7	4	16	9	Achieving quality standards/CQUINS	Oct-13	Helen O'Keefe
8	15	16	9	Ability to maintain continuous improvement in reduction of HCAs in the presence of existing low rates	Jan-14	James Nash
9	48	15	9	Transition of Current Transport Service to a new national provider (NSL)	Dec-13	Fin Murray
10	51	15	4	Business continuity and disaster recovery solutions for Trust wide telephony	Jul-13	Anne Neale
11	28	12	9	External - Cost and Income Pressures including Technical Changes	Sep-13	Mark Austin
12	47	12	6	Winter planning and capacity management	Jan-14	Julie Pearce
13	9	12	4	Loss of clinical reputation due to unmitigated patient safety risks	Oct-13	Michelle Webb
14	5	12	4	Failure to meet 18 weeks RTT	Jan-14	Rachel Jones
15	13	9	6	Age and Design of Trust constraint EKHUFT being top 10 in England	Apr-12	Anne Neale
16	26	9	6	Profile and effectiveness of the clinical audit function	Dec-13	Robin Ufton
17	30	9	4	Internal - Operational Performance Targets	Oct-13	Julie Pearce
18	43	9	4	Embedding Divisional Quality Governance	Jan-14	Helen Goodwin
19	18	9	4	Complexities of Managing the Market	Apr-13	Liz Shutler
20	50	9	4	Spencer Wing (Healthex Group)	Apr-13	Jeff Buggle
21	7	8	6	Incomplete health records (risk re-named and re-scored August 2010)	Dec-13	Marc Farr
22	42	8	4	Adult Safeguarding	Dec-13	Helen Goodwin
23	25	8	2	Management of complaints	Sep-13	Sally Smith
24	20	6	3	Compliance with Information Governance Standards	Dec-13	Michael Doherty
25	21	6	2	Blood transfusion process - vulnerable to human error	Dec-13	Angela Green

5. Highest risk post mitigation



## Appendix 1 - scoring methodology

### Risk Scoring Matrix (Financial values have been added to these levels)

CONSEQUENCE / IMPACT FOR THE TRUST	
LEVEL	DETAIL DESCRIPTION
1	Negligible - no obvious harm, disruption to service delivery or financial impact. Reputation is unaffected.
2	Low - The Trust will face some issues but which will not lower its ability to deliver quality services. Minimal harm to patients; local adverse publicity unlikely; minimal impact on service delivery. Financial impact up to £1 million non recurrent/one off or up to £2 million over 3 years.
3	Moderate – The Trust will face some difficulties which may have a small impact on its ability to deliver quality services and require some elements of its long term strategy to be revised. Level of harm caused requires medical intervention resulting in an increased length of stay. Local adverse publicity possible. Financial impact between £1 million and £3 million non recurrent/one off, or between £2million and £ 6million over 3 years.
4	Significant – The Trust will face some major difficulties which are likely to undermine its ability to deliver quality services on a daily basis and / or its long terms strategy. Major injuries / harm to patients resulting in prolonged length of stay. External reporting of consequences required. Local adverse publicity certain, national adverse publicity expected. Likelihood of litigation action. Temporary service closure. Financial impact between £3million and £5million non recurrent/one off or between £6 million and £10million over 3 years.
5	Extreme – The Trust will face serious difficulties and will be unable to deliver services on a daily basis. Its long term strategy will be in jeopardy. Serious harm may be caused to patients resulting in death or significant multiple injuries. Extended service closure inevitable. Protracted national adverse publicity. Financial impact at least £5 million non recurrent/one off, or at least £10 million over 3 years.
LIKELIHOOD OF RISK CRYSTALLISING	
LEVEL	DETAIL DESCRIPTION
1	Rare - may occur only in exceptional circumstances. So unlikely probability is close to zero.
2	Unlikely - could occur at some time although unlikely. Probability is 1 - 25%.
3	Possible – reasonable chance of occurring. Probability is 25 – 50%.
4	Likely – likely to occur. Probability is 50 – 75%.
5	Almost Certain – Most likely to occur than not. Probability is 75 -100%.

		Impact				
		1	2	3	4	5
Likelihood	1	L	L	M	H	H
	2	L	L	M	H	E
	3	L	M	H	E	E
	4	M	M	H	E	E
	5	M	H	E	E	E

<b>E</b>	Extreme Risk - immediate action required
<b>H</b>	High Risk - senior management attention required
<b>M</b>	Moderate Risk - management responsibility must be specified
<b>L</b>	Low Risk - manage by routine procedures