

1. Summary

1.1. Explanation

This document provides the Board of Directors (the Board) with the top 10 risks on the corporate risk register as at 17 July 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 27 June 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 June 2014. This report includes changes that occurred since the June meeting. The financial risks were last discussed at the FIC on 28 January 2014. There are changes to the financial risks associated with the recent signing of the block contract for 2014/15 in terms of the external risks as currently outlined in the Corporate Risk Register. The internal risks around financial efficiencies, their controls and the cost improvement programmes remain. The external risks associated with increased clinical activity over block contract performance will require revision.

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	29	External - CCG Demand Management, Contract Negotiations and Financial Challenges
4	3	Patient safety, experience & effectiveness compromised through inefficient clinical pathways/patient flow
5	52	Clinical and patient safety risk associated with the delayed implementation of the PACS/RIS
6	54	Delays in cancer treatment and potential issues with MHRA compliance due to temporary closure of the aseptic service
7	53	Trust response to the Reports into the provision of surgical services by the Royal College of Surgeons and the Health Education KSS
8	56	Interim centralisation of the management of high risk and emergency surgery
9	4	Ability to achieve quality standards/CQUINs
10	15	Ability to maintain continuous improvement in reduction of HCAs in the presence of existing low rates

1.2. Significant changes to the Register since April 2014 – Two

- 1.2.1. **Risk 15 - Ability to maintain continuous improvement in reduction of HCAs in the presence of existing low rates.** Currently there is one case of MRSA bacteraemia assigned to the Trust to date during this financial year.

The Trust target for *C. difficile* for 2014/15 is 47 cases, which is in line with previous targets. There have been 16 reported cases of *C. difficile* within the new financial year at the time of this report. This are 4 cases above trajectory for this financial year. NHS England has revised their objectives and guidance for *C. difficile* infections (CDI) for 2014/15. The key change is the linking of each CDI with identifiable lapses in care. Where there is no link with identifiable lapses in care, there is a proposal that such cases are not considered when contractual sanctions are being calculated; agreement for exclusion must be agreed with the co-ordinating

commissioner. A serious incident has been raised recently due to three post 72 hour incidents of *C difficile* infection, all linked epidemiologically in time and place to Minster Ward. These cases arose following the admission of an index case (pre 72 hours) in early May. Two of the three post 72 hours cases were confirmed on the 27th May, and the third on the 15th June, all within the current DoH guidelines for declaring a Period of Increased Incidence (PII) (2 or more cases on a ward within 28 days). The pre-72 hours case, and one of the post 72 hour cases, have been confirmed as the same ribotype (015). Out of the remaining post 72 hour cases, one has failed ribotyping, and the other is pending. Actions implemented to date include daily visits by Infection Prevention and Control (IP&C) Clinical Nurse Specialists and daily hand hygiene audits.

There was no linked ribotyping on Cambridge M2 and this PII has not been reported as a serious incident. Actions taken were daily visits by IP&C Clinical Nurse Specialists are reviewing all patients with diarrhoea. A Diarrhoea Competency Assessment Tool is being developed by the ward staff.

The hydrogen peroxide dry misting cleaning solution has been agreed and the programme is being rolled out to wards.

The risk remains in the top 10.

- 1.2.2. **Risk 34 - A&E performance targets** – This risk is also linked to risk 47 “lack of a whole systems response to activity pressures” and to risk 3 “patient safety risks associated with inefficient clinical pathways and patient flow”.

The Trust has failed to meet the four-hour standard for April, May and June 2014, with performance at 94.7%, 94.5% and 93.8% respectively, which will result in a failure for quarter 1.

Activity levels for the Trust increased by 5.3 per cent on the same period last year; this is more evident at the WHH and KCH sites. Attendance activity data demonstrates that number of self-presenting patients across the Trust has risen by 8.1 per cent. This month has seen a significant rise in patients from the Thanet and Ashford areas at 8.8 per cent and 8.2 per cent respectively. The demand increase is compounded by an increase in the number of patients classified as “majors”, which has increased by 7.1 per cent.

The UC<C division has drafted an A&E improvement and performance recovery plan which covers the following key areas:

- Governance
- A&E processes
- Pathways
- Workforce
- Leadership and Engagement
- Information/Analysis
- Operational Policy

The plan includes a trajectory for improvement to achieve an improved performance in quarter two.

The plan will highlight support required from external partners and commissioners in order to achieve quarter two.

The actions being taken are articulated in the Key National Performance Report.

1.3. Risks decreased in June 2014 – None

1.4. Risks increased in June 2014 – One

- 1.4.1. **Risk 20 – Information Governance** – The revised guidance for the Information Governance Toolkit for 2014/15 now requires the Trust to ensure that 95 per cent of staff undergo an annual update of their Information Governance training. Should the Trust not meet this level of training, then it will not be possible to declare compliance against all criteria at level 2, which is a basic minimum. Currently compliance is around 65 per cent. The Trust will only meet the mandated 95 per cent requirement if there is a concerted effort is made across all areas. This unmitigated risk score increases from 6 to 12. The mitigated risk score remains the same.

1.5. Risks removed from the Register in June 2014 – None

1.6. Risks added to the Register in June 2014 – None

1.7. Emerging Risks – Five

- 1.7.1. The Parliamentary and Health Service Ombudsman (PHSO) published a report into the wide national variations in the management of severe sepsis nationally. The report “Time to Act – severe sepsis: rapid diagnosis and treatment saves lives”. The Trust has participated in the recent National Severe Sepsis and Septic Shock audit (A&E), the results of which are expected in May 2014. It is possible that the Trust will not be compliant fully with the standards for the treatment of severe sepsis published by the College of Emergency Medicine. A recommendation from the PHSO’s report is that these increased risks should be reflected in the Trust’s risk register.

The data collection for the National Confidential Enquiry into Patient Outcome and Death Sepsis Study also commences in May 2014. The study aims to identify and explore avoidable and remediable factors in the process of care for patients with known or suspected sepsis. The Trust will be participating in this study; the results are not however expected until autumn 2015. In the interim, the Trust is identifying professional activities (PA) time for a designated clinical lead for sepsis and is in the process of reviewing the RCAs undertaken over the past two year period as a thematic analysis to identify gaps in the clinical pathways of care. The clinical audit programme for the Trust for the 2014/15 financial year is being updated by the divisions to take account of this Report and the results of the thematic analysis, when this is complete. This risk was discussed at the RMGG in May and since this meeting, the inaugural meeting of the multi-disciplinary Trust Sepsis Collaborative has taken place. Planning and actions corporately and locally were identified and a date for the next meeting identified.

- 1.7.2. There has been a recent visit to the Kent and Canterbury Hospital (K&CH) site by Health Education Kent Surrey and Sussex (HEKSS) following concerns about patient safety raised by the trainees. The issues mainly affect the supervision of trainees within the Emergency Care Centre and medical cover out of hours. The Urgent Care and Long Term Conditions Division are taking the lead on developing an improvement programme and working closely with the trainees in order to more fully understand their specific patient safety concerns. Two senior consultants based at the KCH site are leading the improvement programme and a junior doctor representative is being sought from the site to participate in the Trust wide Trainee Patient Safety Group (TPSG) which reports into the Patient Safety Board. The aim of the TPSG is to explore and improve the safety of patients and help reduce frequently occurring medical errors experienced by doctors in training.

The follow up visit to the K&CH took place on 15 July 2014; the formal report into the visit has not yet been received. It is not likely that the site will lose the trainees from this site. Overall the feedback from trainees was positive and both the GMC and HEKSS were pleased with the results of the visit. The most significant change has been the move from the current model of team-based working to one that is ward-based. A further follow up visit is planned for January 2015.

- 1.7.3. There is likely to be a change to the financial risks affecting Trust as a consequence of the block contract for 2014/15. The divisional leadership teams have articulated the issues this poses for them and for the Trust overall. UC<C has seen a 5.8% increase in A&E activity since the start of the financial year; this is also reflected in, Rheumatology, and Neurology. An associated risk is the middle grade rota, which is essential to support current activity. There are a number of vacancies which are being covered with agency staff. This has a corresponding increase in agency costs. This risk is being mitigated by a recruitment plan and the division has appointed some overseas personnel. The current immigration processes will result in a delay of three to four months.

Both the Surgical and Clinical Support Divisions highlight and increased risk of the pattern of increased referrals not being managed by the CCGs. This will have a significant impact on the divisions if they are unable to income generate to off set these additional operational costs. The impact of national cancer initiatives will further impact on the divisions due to the specific requirement to manage patient due to increased referral patterns. The impact of the “Any Qualified Provider” also considerably increases demand.

- 1.7.4. The draft report, following the recent Care Quality Commission inspection to the Trust, has been received. The Trust is responding to this report, in terms of factual accuracy within the allocated period of 10 working days. The formal response to the CQC on factual accuracy was sent to the CQC on 24 June 2014. There were a significant number of factual inaccuracies contained in the draft report and a letter was sent to Professor Sir Mike Richards as Chief Inspector of Hospitals. The CQC made a further visit to the Trust on 10 July 2014; as a consequence, additional evidence has been supplied. Until this new evidence is assessed and analysed by the CQC, the final report, the date of the Quality Summit and the overall ratings will not be available. Discussions with the CQC suggest the Quality Summit could be arranged by the beginning of August 2014.

There may be an additional reputational risk, contingent upon the reports' conclusions. This was discussed at the last meeting of the RMGG and a decision taken to add this formally to the risk register; however, without the final report, it is not possible to quantify the risk at this time. This will be reviewed following receipt of the final report.

- 1.7.5. There was a recent incident where the previously recorded known allergy information was not translated into the current volume of healthcare records. The case was referred to the Coroner and the Trust is in receipt of a Regulation 28 finding under Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013. There was a single reference to an allergy recorded in one volume of records embedded within the Surgical Integrated Care Pathway. The type of allergy/sensitivity was not quantified in any way. The allergy was not documented in any prior or subsequent set of healthcare records. No allergy was recorded in the healthcare records held by his GP practice.

Currently, the Special Register on PAS is used to record Patient Allergy information; the descriptor for this states 'refer to notes', as this requires the addition of clinical detail and a decision if the allergy or sensitivity is significant. There is an allergy

section on the front of each prescription sheet, which is checked each time the patient receives medication.

The Trust is working on a business case to purchase and implement an electronic prescribing solution; this will include clear referencing of all known allergies and the information can be more accessible for staff prescribing medication. This is an integral component of the Trust's Information Management and Technology strategic plan.

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:

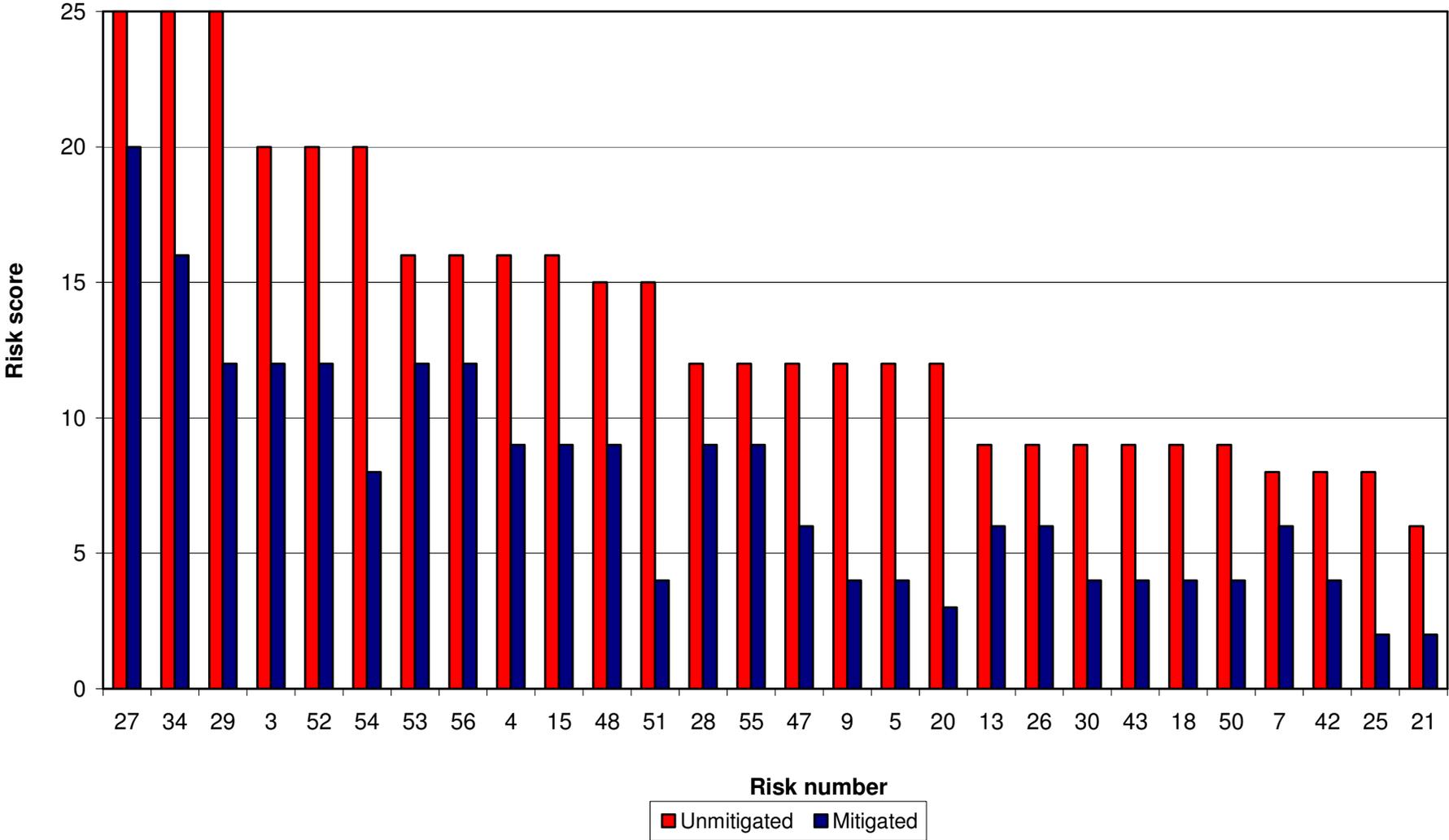
- 3.1. Note the report, discuss and determine actions as appropriate and approve the revised risk register.

4. Pre and Post Mitigation Scores

Highest risk post mitigation

Current order	Risk number	Unmitigated	Mitigated	Description	Last Reviewed	Review Contact
1	27	25	20	Internal - Financial Efficiency Improvements and Control	Jan-14	Mark Austin
2	34	25	16	A&E performance targets	Apr-14	Giselle Broomes
3	29	25	12	External - CCG Demand Management, Contract Negotiations and Financial Challenges	Jan-14	Mark Austin
4	3	20	12	Patient safety, experience & effectiveness compromised through inefficient clinical pathways/patient flow	Mar-14	Julie Pearce
5	52	20	12	Clinical and patient safety risk associated with the delayed implementation of the PACS/RIS	Mar-14	Marion Clayton
6	54	20	8	Delays in cancer treatment and potential issues with MHRA compliance due to temporary closure of the aseptic service	Apr-14	Jane Ely/Obafemi Shokoya
7	53	16	12	Trust response to the Reports and concerns into the provision of surgical and services by the Royal College of Surgeons and HEKSS	Mar-14	Noel Wilson/Marion Clayton
8	56	16	12	Trust response to the patient safety concerns raised by trainees and HEKSS at the KCH site	Apr-14	Jonathan Hawkins/Giselle Broomes
9	4	16	9	Achieving quality standards/CQUINS	Mar-14	Helen O'Keefe
10	15	16	9	Ability to maintain continuous improvement in reduction of HCAs in the presence of existing low rates	Mar-14	Sue Roberts
11	48	15	9	Transition of Current Transport Service to a new national provider	Dec-13	Fin Murray
12	51	15	4	Business continuity and disaster recovery solutions for Trust wide telephony	Mar-14	Andy Barker
13	28	12	9	External - Cost and Income Pressures including Technical Changes	Jan-14	Mark Austin
14	55	12	9	Failure to meet and sustain the 62 day cancer targets for urgent GP and screening referrals	Apr-14	Jane Ely
15	47	12	6	Winter planning and capacity management	Jan-14	Julie Pearce
16	9	12	4	Loss of clinical reputation due to unmitigated patient safety risks	Oct-13	Michelle Webb
17	5	12	4	Failure to meet 18 weeks RTT	Mar-14	Marion Clayton
18	20	12	3	Compliance with Information Governance Standards	Mar-14	Michael Doherty
19	13	9	6	Age and Design of Trust constraint EKHUFT being top 10 in England	Apr-14	Fin Murray
20	26	9	6	Profile and effectiveness of the clinical audit function	Jan-14	Robin Ufton
21	30	9	4	Internal - Operational Performance Targets	Oct-13	Julie Pearce
22	43	9	4	Embedding Divisional Quality Governance	Jan-14	Helen Goodwin
23	18	9	4	Complexities of Managing the Market	Jun-14	Rachel Jones
24	50	9	4	Spencer Wing (Healthex Group)	Jan-14	Jeff Buggle
25	7	8	6	Incomplete health records (risk re-named and re-scored August 2010)	Dec-13	Marc Farr
26	42	8	4	Adult Safeguarding	Dec-13	Helen Goodwin
27	25	8	2	Management of complaints and patient experience	Mar-14	Sally Smith
28	21	6	2	Blood transfusion process - vulnerable to human error	Mar-14	Angela Green

EKHUFT Summary of Corporate Risk Register (Jul - 14)



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

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