

## Board of Directors (in public)

### Item 5.4

Subject: High Risk Report  
Date of meeting: 7<sup>th</sup> February 2023  
Presented by: Karan Wheatcroft, Director of Risk and Improvement  
Purpose of report: To Note

BAF Reference	Impact on BAF
All	The report includes high level risks which continue to be considered in respect of any implications for the BAF.

<b>Level of assurance (please tick one)</b> <i>To be used when the content of the report provides evidence of assurance</i>					
<input checked="checked" type="checkbox"/>	<b>Acceptable assurance</b> Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	<b>Partial assurance</b> Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	<b>Low assurance</b> Evidence indicates poor effectiveness of controls

## 1. Executive Summary

The Corporate Risk Register contains significant risks identified as having potential impact on the trust corporate objectives, including risks identified and escalated by Divisions. Risks are reviewed monthly at each Divisional Governance meeting and quarterly by the Risk Management Committee.

This report provides an update of risks with residual scores of 15 or higher along with the summary actions in place to control and/or mitigate them (as at 6<sup>th</sup> January 2023).

## 2. Key Issues

For the benefit of this report, risks that are of similar nature have been pooled together under the same narrative, resulting in a total of 3 **risks with a score of 15 or over** (this has increased from the 2 risks reported to the Board of Directors in November 2022).

The 3 risks all have a residual score of 16 and relate to:

- **Achievement of Statutory waiting times** (static score)
- **Diagnostic cancer pathways** (increased score from 12)
- **Administration and patient pathway management** (increased score from 12)


The actions taken in respect of the Surgery Division Financial balance has reduced this risk below a score of 15.


Appendix 1 includes the details of each risk: date of identification, original score, mitigations and controls, residual score and date of review, and target score. It is accurate as of the updated date above, with any changes made after this date reflected in subsequent reports.


## 3. Recommendation

The Executive Teams are asked to note the content of this report and be assured the Trust has systems and processes in place for the identification, management and escalation of risks.

## Appendix 1 – Risks > 15

Risk ID	Risk Owner	Date	Original Score	Review Date	Residual Score	Target Score
C10538	Chief Operating Officer	Sep 2020	20	Jan 2023	16 	6
<p>There is a risk to the safety of patients on LHCH waiting lists due to non achievement of <b>statutory waiting time targets</b> (18, 26 and 52 weeks RTT) Caused by the impact of Covid and the ceasing of elective diagnostics and treatments during the pandemic Leading to a significant backlog of patients waiting for elective treatment (extending wait times and potential harm)</p> <p><u>Controls in place</u> Elective services re-established early in the pandemic and a robust phase 3 recovery plan being developed across all services to ensure that the backlog does not continue to increase and that elective activity is maximised.</p> <p>Formal phase 4 recovery plan developed outlining weekly and monthly activity targets to ensure that the Trust maximises elective throughput and patient waiting times start to reduce.</p> <p>Clinical validation of all patients on the elective waiting by the lead consultant for the patient's care to ensure that patients requiring urgent treatment are expedited and to also ensure that patients can be prioritised for treatment based on their clinical condition</p> <p>A diagnostic recovery plan for CT and MRI has been developed and implemented, maximising the utilisation of weekday and weekend sessions to ensure that patients waiting specifically for a diagnostic test receive timely treatment and that elective patients on the diagnostic waiting list are prioritised to ensure that a decision for elective treatment can be made</p>						

Risk ID	Risk Owner	Date	Original Score	Review Date	Residual Score	Target Score
C12694	Chief Operating Officer	Jun 2021	12	Jan 2023	16 	6
<p>There is a risk to <b>diagnostic cancer pathways</b> due to staffing constraints for CT guided biopsy and EBUS Caused by staff sickness and capacity Leading to delays in patient pathways and subsequent decline in cancer performance</p> <p><u>Controls in place</u> Weekly performance monitors demand and capacity to ensure that any cancer pathways that are clinically urgent are expedited</p> <p>Cancer Action Plan to come to weekly performance, IPC and Board to ensure that governance and controls are monitored and in place</p> <p>Post industrial action review to be undertaken to ensure that all patients can be redated in a timely fashion</p>						

Risk ID	Risk Owner	Date	Original Score	Review Date	Residual Score	Target Score
C12863	Chief Operating Officer	May 2022	12	Jan 2023	16 	6
<p>There is a risk to <b>patient pathway management</b> and effectiveness Caused by vacancies, sickness and HR consultation underway in the Admin Services Leading to delays in patient pathways and inability to hit statutory targets (7 day typing, waiting list size)</p> <p><u>Controls in place</u> Patient Pathway and Admin Group in place to ensure that Governance on sickness, projects and finance spend are monitored and reviewed</p> <p>HR consultation in place to transition admin teams within the Divisions to ensure that there is alignment to clinical services/teams</p> <p>Admin summit held with clinical and operational teams to ensure awareness of the current issues and support actions</p>						

KEY:

score

Static

score

Increasing

score

Decreasing

NEW risk