

## Board of Directors

### Item 4.4

Subject: High Risk Report  
Date of meeting: 29<sup>th</sup> March 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="" 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 action plans in place to control and/or mitigate them.

## 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 **4 risks with a score of 15 or over** (this has increased from the 3 risks reported February 2023).

The 4 risks all have a residual score of 16:

- **Achievement of Statutory waiting times** (static score)
- **Diagnostic cancer pathways** (static score)
- **Administration and patient pathway management** (static score)
- **Patients delayed to follow up** (escalated from 12)

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 Board 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
C17	Patient Administration Manager	Jan 2014	12	Jan 2023	16	2
<p>There is a risk to the timely and efficient <b>processing of patient referrals and management of the outpatient waiting list</b> Caused by staff resource, suboptimal administration processes and staff training and competency Leading to the potential for referral delays and clinical triage that may result in harm to patients.</p> <p><u>Controls in place</u>  Staff performing the process have been trained and documented SOP's for process available.</p> <p>Review at weekly operational group meeting between admin leads and divisional leads.</p> <p>Audit of process by Deputy Admin Manager.</p> <p>Review of referral processes in line with Covid recovery plan</p> <p>Admin Dashboard development to measure KPI of referral processing</p> <p>Athena reports created and monitored to identify any delays in referral registration. KPI implemented for 2 working days from receipt to be registered.</p> <p>Review of referral trends weekly performance committee and exec dashboard.to ensure that the process is followed correctly</p>						

C10538	Chief Operating Officer	Sep 2020	20	Mar 2023	16	6
<p>There is a risk to the safety of patients on LHCH waiting lists due to extended wait times above <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>						

C11636	Chief Operating Officer	Apr 2021	12	Mar 2023	16	6
<p>There is a risk to <b>patients being delayed to follow up</b> Caused by inadequate processes / utilisation of the waiting list to manage patient pathways across the Trust Leading to patients potentially not receiving the appropriate or timely intervention as planned</p> <p><u>Controls in place</u>  A full governance framework has been developed with clear reporting arrangements to the Board of Directors to ensure that there are clear controls in place for the monitoring of the DQ and all waiting list reports ensuring that patients are not lost to follow up.</p> <p>Project Manager to be appointed to ensure that project milestones are achieved</p>						

Outsourced validation support brought in for 60 days to ensure that the DQ numbers are validated and up to date

Project manager and outsourcing has now stopped, however internal lead being identified within the divisions to ensure that we have continued leadership and support

Review of the DQ lists being undertaken to ascertain run rate and escalation process to ensure that all patients are adequately tracked

C12694	Chief Operating Officer	Jun 2021	12	Mar 2023	16	6
<p>There is a risk to <b>diagnostic cancer pathways</b> due to capacity constraints in CT guided biopsy &amp; EBUS Caused by staff sickness, workforce shortages &amp; increased demand Leading to delays in patient pathways and subsequent decline in cancer performance</p> <p><u>Controls in place</u></p> <p>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>						