

Board of Directors (in Public)

Item 5.3

Subject: High Risk Report
Date of meeting: 28th January 2025
Prepared by: Helen Martin, Head of Risk Management and Ben Vinter, Director of Risk and Corporate Governance
Presented by: Ben Vinter, Director of Risk and Corporate Governance
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.

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

1. Executive Summary

The Risk Registers contain significant risks, alongside a broader suite of risks identified and largely managed at local level. Higher rated risks and those identified as having potential impact on the trust objectives. These include risks identified and escalated by the Clinical Divisions.

Risks are reviewed monthly at each Divisional Governance meeting, reported to Operations Board 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.

Other key headlines: Emergency planning resilience response

Level 3 IT business continuity event declared

On 28th November 2024, the organisation was notified that it had been subject to a cyber attack. Hackers had contacted the organisation to advise they had penetrated the organisation's IT system and stolen data. A level three business continuity cyber incident was declared. The organisation instituted command and control structures. The Trust has been working with the National Crime Agency and other partners in the management of the event. A full report will be prepared and presented to the EPRR group etc.

Business continuity plans and scenario testing

EPRR KPI's are reported through the EPRR group to monitor compliance.

December 2024 - To date 82% team business continuity plans (BCPs) have been reviewed, updated and approved via Divisional Governance Committees (document control states 69% but there are a number awaiting upload), with a number to be approved in December which will bring that figure up to 90%. A robust plan is in place to ensure the rest of the BCP's are updated and approved.

As of 10th December 2024

- 100% of clinical areas have been subject to a scenario test
- 100% of non-clinical areas have been subject to a scenario test
- 82% Business continuity plans are in date (previously 76%)

Meetings have taken place with the Divisional Manager at LUFHT on the Broadgreen site to commence planning for a live site exercise which will it is envisaged will take place in May and include the BGH wards/areas

Learning from the scenario tests

The learning that has been derived from the testing so far is as follows

- Staff were unaware of the BCP for the area and where to find it
- Staff were unaware of the backup mobile phones
- Staff unclear in the non-clinical area of the difference between an intermittent and continuous fire alarm

Scenario testing and supporting managers with updating BCP's is ongoing and the Risk Management Coordinator is supporting the Divisions with both aspects.

Training

Introduction to EPRR attended by ward/department managers

RM coordinator has completed a risk & resilience course with the Institute of Risk Management

External events have been attended by RM coordinator including; a major incident JESIP command exercise regarding a discovered WWII ordnance device; a C+M cyber incident exercise (also attended by members of the IT team and execs); and an infectious disease outbreak exercise.

2. Risks scored at 15 or above

There are currently **three** risks that have a score of 15 or above. This report is correct as of 6th January 2025

The risks are as follows:

Risk ID ⇄	Risk Owner	Date	Review Date	Residual Score	Target Score
Corporate Services - Risk 00001067	Estates Manager	Oct 2018	Jan 2025	16	3
Description	There is a risk to the structural integrity of the surgical corridor floor				
Controls	<p>Structural inspection carried out June/July 2021. TDE appointed as contractor and have completed propping works to rectify the issue.</p> <p>Follow up inspection completed in 2024 to review current controls and check for any further deterioration. further works now required to install additional structural supports following receipt of report. risk increased to 16 until structural works are completed.</p>				
Actions	Annual assessments by structural engineer				

Risk ID ⇄	Risk Owner	Date	Review Date	Residual Score	Target Score
Clinical Services - Risk 00001918	Business Manager - Clinical Services	Nov 2023	Dec 2024	16	6
Description	There is a risk to the timeliness of patients receiving an MR diagnostic scan within the 6 week target due to pressured service lines.				
Controls	<p>The operational team are working closely with the admin team to ensure that patients are booked in order of clinical urgency, longest waits, planned dates and to align with accessing other care in the trust. This approach is irrespective of referrer (LHCH or external).</p> <p>Mutual aid commencement with LUHFT to pool longest waiting cardiac MR patients across the sites.</p> <p>Delivering waiting list initiatives targeting the most challenged areas of the service i.e. cardiac stress and Pacemaker scans.</p> <p>Recruitment of additional administrative workforce has been actioned.</p> <p>Recruitment to the admin team vacancies and additional posts proposal through the Trusts annual planning process.</p> <p>Recruitment to Consultant Radiologist posts.</p> <p>New Service Line Manager post recruited to.</p> <p>Weekly PTL meetings with the operational and administrative team to review and validate the waiting list.</p> <p>Collaborative working with Physiology department to facilitate Pacemaker appointments.</p> <p>Administrative team are being supported to robustly follow the trust access policy</p> <p>Weekly operational meeting with Consultant Lead Radiologist</p>				

Actions	SOP's revisited and shared with the SLM to trial and to be ratified once agreed.
	Mutual aid has been sourced via LUFHT and additional support for Cardiac Stress scans has been provided

Risk ID ⇄	Risk Owner	Date	Review Date	Residual Score	Target Score
Corporate Services - Risk 00002038	Head of IT	Jun 2024	Jan 2025	16	12
Description	There is a risk to ISCV clinical data security				
Controls	<p>Controls from risk #2046 31/7/24 In the short term, the trust IT support team have looked at various methods to reduce existing stored data or expand the available storage. This has included removing unused and unneeded data and removing the storage replication, freeing up additional space for data storage.</p> <p>Controls from risk #2046 31/7/24 An overarching infrastructure strategy is in production which will look to provide a long term solution which matches the trusts future storage requirements.</p> <p>IT are reviewing options with suppliers and hope to have them together by end of November. Leanne will be working up a business case once requirements and costs are finalised.</p>				
Actions	In light of the INC cyber incident IT have been asked to take the ISCV archives offline until all remediation activities are complete and NHSE/KPMG report that no threat actors are present on the network.				

Static score	Increasing score	Decreasing score	New Risk
⇄	↑	↓	◆

3. Recommendation

The Board of Directors is 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.