

## Board of Directors (in Private)

### Item 5.5

**Subject:** High Risk Report  
**Date of meeting:** 25<sup>th</sup> March 2025  
**Prepared by:** Helen Martin, Head of Risk Management  
**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)</b> To be used to provide the Board / Committee with a guide on the extent of assurance and evidence of assurance provided within the report		<input checked="" type="checkbox"/>
Level of assurance	Description	
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.	<input type="checkbox"/>
Substantial	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.	<input checked="" type="checkbox"/>
Moderate	There is an adequate system of internal control, however, in some areas weakness in design and/or inconsistent application of controls puts the achievement and some aspects of the system objectives at risk.	<input type="checkbox"/>
Low	There is a compromised system of internal control as weaknesses in the design and / or inconsistent application of controls puts the achievement of the system objectives at risk.	<input type="checkbox"/>
No	There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives.	<input type="checkbox"/>

# 1. Executive Summary

Risk Registers contain significant risks 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 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 highlights: Emergency Planning Resilience Response

### Business continuity plans and scenario testing

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

March 2025 - To date 87.5% team business continuity plans (BCPs) have been reviewed, updated and approved via Divisional Governance Committees. A robust plan is in place to ensure the rest of the BCP's are updated and approved.

As of 7<sup>th</sup> March 2025

- 100% of clinical areas have been subject to a scenario test
- 100% of non-clinical areas have been subject to a scenario test
- 87.5% Business continuity plans are in date (previously 82%)

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

### Training

RM coordinator has completed a debrief and loggist course with C&M ICB. This training will be cascaded to teams within LHCH.

An ICB list of EPRR training which includes the Principles of Health Command, MACCA and Jesip has been forwarded to senior members of LHCH.

New members of the Executive on call rota will complete the Principles of Health Command training (Strategic) and new members of the Senior manger on call rota will complete the Principles of Health Command (tactical) training.

# 2. Key Issues

There are currently **seven** risks that have a score of 15 or above. This report is correct as of 7<sup>th</sup> March 2025.

The risks are as follows:

Risk ID ⇄	Risk Owner	Date	Review Date	Residual Score	Target Score
<b>Corporate Services - Risk 00001067</b>	<b>Estates Manager</b>	<b>Oct 2018</b>	<b>Mar 2025</b>	<b>16</b>	<b>6</b>
<b>Description</b>	There is a risk to the structural integrity of the surgical corridor floor				
<b>Controls</b>	<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. funding for works approved at Jan 25 CMG for completion March/April 25</p>				
<b>Actions</b>	Annual assessments by structural engineer				

Risk ID ⇄	Risk Owner	Date	Review Date	Residual Score	Target Score
<b>Clinical Services - Risk 00001918</b>	<b>Business Manager - Clinical Services</b>	<b>Nov 2023</b>	<b>Mar 2025</b>	<b>16</b>	<b>6</b>
<b>Description</b>	There is a risk to the timeliness of patients receiving an MR diagnostic scan within the 6 week target due to pressured service lines.				
<b>Controls</b>	<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>				
<b>Actions</b>	<p>SOP's revisited and shared with the SLM to trial and to be ratified once agreed.</p> <p>Mutual aid has been sourced via LUFHT and additional support for Cardiac Stress scans has been provided</p>				

Risk ID ⇄	Risk Owner	Date	Review Date	Residual Score	Target Score
Corporate Services - Risk 00002038	Head of IT	Jun 2024	Mar 2025	16	12
Description	There is a risk to ISCV clinical data security				
Controls	<p>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>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 mid-Feb. Head of IT will be working up a business case once requirements and costs are finalised.</p> <p>IT have been provided with options from their supplier CDW which they are currently reviewing (Jan 2025). A business case will be generated and signed off by the end with the expectation of implementation in March.</p> <p>27/01/2025 Awaiting confirmation that business case has been approved to enable the procurement of a storage solution</p>				
Actions	<p>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.</p> <p>10/02/2025 In light of the disengagement of LHCH from iDigital this piece of work is unlikely to be commenced before 1st April</p>				

Risk ID ⇄	Risk Owner	Date	Review Date	Residual Score	Target Score
Corporate Services - Risk 00002063	Head of IT	Jul 2024	Mar 2025	16	12
Description	There is a significant risk of data loss (patient, clinical and corporate), which could severely impact patient care and clinical operations. The current backup strategy does not meet the 3-2-1 NCSC guidelines, with limited retention periods and insufficient replication. Current EPR Daily Backup retention has been reduced to 14 days from 30days, and is replicated for the production environment for 14 days, but only 7 days for Test and Dev Environments. Monthly archives exist for up to 6 months, although this is closely managed due to capacity concerns and at risk also. For all other systems being backed up on the Rubrik Backup Infrastructure, these are being backed up daily but retention is currently set to 7 days with no replication. Therefore we have no offsite/secondary location for backups in a DR scenario and unable to retrieve any data that may have been deleted/corrupted older than 7 days.				
Controls	Regular Testing and Monitoring: - Verifying Backups and their Integrity through regularly testing backups. - - Monitor backup processes to detect and address any issues promptly.				
Actions	Mitigation Plan: Enhance Backup Retention: Increase Retention Periods: Extend the retention periods for both EPR and other critical systems to ensure data is available for longer recovery windows. Implement Offsite Backups: Replicate Data Offsite: Ensure that backups are stored in multiple locations, including offsite or cloud-based solutions, to protect against site-specific disasters. Adopt Comprehensive Backup Solutions: Utilise Advanced Features: Leverage Rubrik's advanced (Enterprise) features, such as automated backup verification and ransomware detection, to enhance data protection and recovery capabilities. Business case scoped to secure capital and revenue investment to expand the current Rubrik Infrastructure and consider enhanced options found in Rubrik's enterprise suite offering. This business case is in production and will be submitted to Feb's				

	Capital Board for approval. LHCH has been awarded capital funding which will support closing this risk
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Risk ID ⇄	Risk Owner	Date	Review Date	Residual Score	Target Score
<b>Corporate Services - Risk 00002143</b>	<b>Head of IT</b>	<b>Feb 2025</b>	<b>Feb 2025</b>	<b>16</b>	<b>12</b>
<b>Description</b>	There is a significant risk to the delivery of essential digital services. The areas are multi-disciplinary within core services including: -Desktop Support -Technical Support -Cyber Security				
<b>Controls</b>	Daily team huddles are taking place to understand tactical resolutions due to the resource pressure. Additional resource has been brought into the desktop support team to help with backlog of incidents.				
<b>Actions</b>	<p>Regular Capacity Planning: Conduct regular capacity planning exercises to forecast future digital resource needs based on historical data and anticipated demand. This will help in identifying potential resource gaps and taking proactive measures to address them.</p> <p>Gap analysis on the technical support function, to ensure resource is available to meet the demands of the organisation</p>				

Risk ID ⇄	Risk Owner	Date	Review Date	Residual Score	Target Score
<b>Medicine - Risk 00002145</b>	<b>Cardiac Diagnostics manager</b>	<b>Dec 2024</b>	<b>Feb 2025</b>	<b>15</b>	<b>6</b>
<b>Description</b>	There is a risk to loss of pacing in the identified cohort of patients				
<b>Controls</b>	982 out of 985 identified devices have been reviewed and triaged into below categories based on their level of pacing dependency. -generator replacement -ongoing follow up 2 letters have been produced for affected patients- one with general information and the other for the patients requiring generator replacement. Hospitals of transferred patients have been contacted to inform them of the advisory.				
<b>Actions</b>	Shared spreadsheet of patients to ensure all patients are visible and booked for generator change. Booking team and cardiology management team will ensure all patient identified as generator change are booked onto urgent lists. Spreadsheet of all patients requiring follow up				

Risk ID ⇄	Risk Owner	Date	Review Date	Residual Score	Target Score
<b>Corporate Services - Risk 00002146</b>	<b>Head of Estates</b>	<b>Feb 2025</b>	<b>Mar 2025</b>	<b>16</b>	<b>9</b>
<b>Description</b>	There is a risk to operating theatres C, D, E and F				
<b>Controls</b>	<p>Air tightness testing is being undertaken and repair works to ductwork to each of the ventilation systems</p> <p>The estates team are exploring costs and timescales for ductwork replacement to each of the ventilation systems across Theatres C, D, E and F</p>				
<b>Actions</b>	Verification process will be moved from annual to monthly to Theatres C, D, E and F until such time				

	<p>the ductwork can be replaced</p> <p>Annual verifications have been undertaken to D, E and F in Feb 25 (air handling unit for Theatre C is being replaced Feb/March 25)</p>
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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.