

Board of Directors – 29 July 2020

Corporate Risk Register /Board Assurance Framework

Trust Strategic Goals:

- To deliver safe and high quality patient care as part of an integrated system
- To support an engaged, healthy and resilient workforce
- To ensure financial sustainability

Recommendation

For information	<input type="checkbox"/>	For approval	<input checked="" type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input type="checkbox"/>		

Purpose of the Report

To receive an update on and discuss the organisations current high level risks identified on the Corporate Risk Register and Board Assurance Framework.

Executive Summary – Key Points

Corporate Risk Register

This paper identifies the most significant risks within the organization and details how they are currently being mitigated. The paper also identifies

Any new additions to the CRR

The growing number of IPC related risks have been amalgamated into three different categories on the Chief Nurse part of the risk register.

These are

- CN26: COVID-19 related IPC risks, (which include PPE)
- CN8: Environment (includes lack of decant space, nightingale wards, lack of isolation capacity)
- CN7: HCAI performance

COO23 and COO24 are also new risks.

Any proposed removals from the CRR

As a result of categorizing of the infection control issues, the following risks have been removed and incorporated into the risks 3 infection control related risks

CN20: Incorporated into CN8

CN23: Incorporated into CN8

CN27: Incorporated into CN26

Any significant change in risk score

Finance risks have all been reduced to 9 as a result of the block contract for activity. After discussion with the Director of Finance it was agreed that these should remain on the risk register for the time being.

Board Assurance Framework (BAF)

The BAF goes to every Board of Directors meeting (Private and Public), the Quality Committee, Resources Committee, Executive Committee and Audit Committee. On a quarterly basis the BAF and CRR are presented to the Private Board and Executive Committee and the BAF and CRR process is scrutinised at the Audit Committee on a quarterly basis. The BAF and CRR are also discussed at the Resources and Quality Committees to enable further recommendations to be made to the Board in line with the discussions being held.

The BAF has been reviewed by Directors/Leads and amendments are tracked on the document.

The yearly Internal Audit review of the BAF has provided significant assurance.

Recommendation

The Board of Directors is asked to discuss and approve the latest versions of the BAF and CRR and make any further recommendations it warrants necessary especially in light of the current pandemic situation.

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Director Sponsor: Simon Morrith, Chief Executive

Date: July 2020

Corporate Risk Register

This paper provides details on the most recent iteration of the Corporate Risk Register, it provides information on the risks scoring 20 and over, new additions to, and removals from the Corporate Risk Register.

The report provides detail to the Board of Directors on the high level risks within the organization, including, additions and removals from the Corporate Risk Register. Corporate Risks are also considered at Corporate Risk, Quality, Resources and Audit Committee.

Top Rated Risks within the Organisation

Risk with a Score of 25

There are currently no risks with a score of 25.

Risks with a Score of 20

There are currently 18 risks with a score of 20 on the CRR.

CE5A: There is a current risk to the delivery of some services on the Trust East Coast Sites. This is caused by nursing and medical staffing vacancies, significant demand for acute services underpinned by local demographic issues. This has the potential to influence our ability to deliver some services safely. There are many mitigations currently being undertaken to manage the various risks articulated in various parts of the Corporate Risk Register. (ie: developments in nurse staffing recruitment, introduction of AHPs to aid senior decision making. Where possible there is cross working between sites to ensure that safe delivery and continuity of service. The Trust is appointing a lead to work on the delivery of a Clinical Strategy.

CE8: There is a potential risk to the ability of the Executive Team to provide the leadership required in a rapidly changing environment/organisation. This is caused by the significant demands of regulatory and commissioning bodies, the change from being an autonomous organisation to whole system working and the impact on an Executive Team with current vacancies. This may result in insufficient capacity to undertake day to day leadership and sub optimal preparation for other key activities and currently COVID-19. This is being mitigated by the prioritization of demands as they arise and appropriate delegation to other senior managers. In addition the Trust is recruiting a Director of Digital, and has appointed a director of Communications.

CN2: Nurse Staffing: The Trust has a multi-faceted approach to mitigating this issue. This includes the training of AHP's, the Coventry University undergraduate programme, recruitment days and the Matron of the day taking the lead on staffing. We have launched a new project to target current staff across the Trust who hold overseas qualifications and are working in non-nursing roles. Experience has shown us that these members of staff had found it difficult to register with the NMC here in the U.K due to financial pressures and also due to reluctance to undertake the

English language test. We will be funding the registration process for these members of staff and also have a program of support and tuition in preparation for their English language test.

CN7: HCAI: There is a risk to patient safety caused by hospital acquired infections, particularly with Cdiff caused through several contributory factors, environmental issues. Domestic vacancies failure to adhere to isolation protocols. All may result in patient harm and poor patient experience.

In terms of mitigation, monitoring of current performance is being undertaken on a weekly basis via Q&S and Corporate Directors. Post infection reviews take place. The findings are reviewed and disseminated for learning, e.g. through PNLF, patient safety initiatives, the IPC website. MSSA bacteraemia cases are reviewed by ward staff and infection control, though this process is for review, aiming to introduce a more robust method. Reporting monthly to the Board on all infections also takes place. We still await trajectories for 2020/21. The CDIFF outbreak meeting continues despite the outbreak formally being closed in October 2020. The PIR responsibilities will reside with the relevant Care Group to ensure ownership of the HSCI's within their areas, take away learning from outcomes and ensure it is disseminated more widely when appropriate to other areas.

CN8: This risk focuses on the environmental impact on infection prevention and control. Where the following actions are being taken:

- 1) Action is being taken to mitigate by ensuring that patients with contagious infection are a priority for side rooms. There has been some areas HPV'd at York and there have been some ward bays in Scarborough HPV'd. HPV activity has increased as a result of reduced clinical activity during the pandemic.
- 2) All precautions are taken to avoid the placement of patients with contagious infection on a Nightingale Ward, although there is a risk both at times of operational pressure, and a diagnosis of infection (i.e. Cdiff, FLU) post admission to a ward of infection being spread between patients. Estates, Ops and IPC are working collaboratively to identify solutions. Infection prevention standard precautions. Robust influenza/ winter planning included not admitting patients with acute respiratory infections to these wards. There is mitigation currently in place to move Ann Wright Ward from being a Nightingale Ward into having 11 side rooms which will improve isolation capacity. Waiting for the LLP to develop the business case before presenting to NHSI/E. there is also side room work being undertaken at York. There are two enhanced PODS at York and Scarborough to house patients with highly contagious diseases. A discussion needs to take place as to whether these can be permanently purchased.
There is a potential risk to patient safety caused by a current lack of decant facilities at Scarborough Hospital to enable refurbishment or deep cleaning of ward environments.
- 3) Minor works are done around patients, or bay by bay decants, in some circumstances. Issues around domestic vacancies have been raised with the LLP. 4) In terms of mitigation babies and staff have been swabbed. Staff swabs are all negative, but rybo- typing indicates it is the same strain as

experienced in 2017. PHE are attending to look at the environment and undertake testing. PHE indicating that the source is now likely to be traced to an individual. PHE undertook a review in September 2019 with the support of some dedicated IPC time. The report has not yet been received.

CN26: IPC COVID-19.

- 1) There is a risk to patient, visitor, staff safety and core hospital business resulting from the COVID-19 virus. This will continue as we will need to take all reasonable steps to retain social distancing in communal and public areas and when putting up additional beds into bays at times of acute bed shortages. This has the potential to result in disruption to hospital services (cancellation on non-urgent operations, reduced staffing should staff become affected)
- 2) There are also issues with the supply of PPE that are being managed through working with partner organisations
- 3) There is a risk to patient safety caused by the use of sessional PPE. In instances of rolling and other care forearms are in contact with patient and environment and cannot be decontaminated, allowing transmission to the next patient causing patient harm.

Significant preparation has been taken to ensure that the organisation is able to respond to pressures. This includes the establishment of PODs, fit testing of staff engaged in swabbing, identification of equipment, kit and potential cohort wards. The organisation has established internal preparedness meetings and is participating in system wide meetings. There 5/6 wards on each side dedicated to Covid negative and positive, including ICU's. As the pandemic improves Silver command has reduced from daily to three times a week. We continue to follow national guidance and have reviewed cleaning regimen. Symptomatic patients are not currently offered a facemask. 2) The supply of PPE is now improving. 3) We have strengthened general IP precautions after a perceived relaxation as staff became used to COVID precautions.

The organisation has attempted to get additional forearm covering (long gloves or over sleeves) but struggling with supplies. National Public Health Guidance is being followed; however a shortage PPE is an issue as is the ability to use single patient arm coverings although this is now improving. The IPC will investigate where there is a ward outbreak of COVID. Silver Command currently takes place Mon, Weds and Fri weekly. There is also additional cleaning and social distancing of bed spaces.

It is recognised that whilst sessional use of PPE protects staff but may increase non-COVID risk to patients.

In terms of the potential for patients to acquire COVID-19 whilst an inpatient, all patients are screened on admission, staff are now wearing facemasks, and symptomatic patients are also. We have designated COVID wards. Daily Gold and Silver commands have been established. Visiting hours have been suspended during the pandemic although labouring Mothers can have their partners present. We react to all National guidance as it is received.

COO8: RTT

The Trust is not forecasting to meet the RTT standard in 2020/21. This is likely to deteriorate as a result of the current pandemic and the suspension of activity/ Failure to achieve trajectories will result in patients waiting longer for treatment and will (especially for the TWL measure) result in regulatory intervention.

Robust demand and capacity modelling used to inform 2019/20 activity plans. Ongoing implementation of the programme structure and metrics for the core planned care transformation programmes covering theatre productivity, outpatient's productivity, Refer for Expert Input (REI) and radiology recovery. Ongoing monitoring of all patients waiting over 40 weeks to ensure all actions are taken to ensure patients have a plan to avoid 52 week breaches. Ongoing work with commissioners to reduce referral demand.

Support from the National Elective Intensive Support Team (NEIST) specifically targeting diagnostic services. Programmes of work agreed; demand and capacity analysis in endoscopy, radiology and echo cardiology services, utilising the IST Pathway Analyser Tool to prospectively populate data against key admin pathway milestones in radiology, Development of a standard operating procedure for endoscopy scheduling meetings and Development of a KPI dashboard in radiology to support performance improvement against key access standards.

The Risk for RTT has increased following the stand-down of elective services and the resulting increases in 52 week wait patients and the risk score raised from 16 to 20.

COO17: JAG Accreditation. There is a risk to the JAG accreditation of the Endoscopy Units. This risk has been realised with JAG Accreditation lost at York. Scarborough's accreditation remains in place. This is because the Trust is not compliant with the National Endoscopy Database (NED) and there is a backlog of surveillance patients. There is a risk to the JAG accreditation of the Endoscopy Units. This is because the Trust is not compliant with the National Endoscopy Database (NED) and there is a backlog of surveillance patients.

In terms of mitigation, Executive Committee has requested that CG4 create an Action Plan to regain JAG Accreditation on the York site. CPD development to ensure compliance with the NED has not been completed and there is no timescale for completion set at the moment.

COO13: There is a risk to the delivery of the diagnostic target which has not been met; performance for April was 22.9%. This risk has increased from 16 to 20 as a result of the impact of the pandemic on diagnostic performance.

COO23: Impact of COVID- 19 Pandemic

Cancer; FT referrals are down 70% against average. and ceasing of non-urgent endoscopy. Diagnostics; in line with JAG and the BSG letter dated 24th March 2020 and the NHSE/I Clinical Guide for the management of patients requiring endoscopy during the coronavirus pandemic, published on the 3rd April 2020 all non-emergency endoscopy has ceased.

RTT and Outpatient FU. The Trust received National guidance on the 17th March to postpone all non-urgent elective operations for a period of at least three months; this resulted in 32 patients waiting 52 weeks or longer at the end of March 2020. This number will rise month on month.

Outpatient appointments have been cancelled due to COVID by both the Trust and by patients. Process required to ensure that patients aren't 'lost' and their future care is managed safely.

In mitigation Cancer: A SOP has been created to provide an outline of the actions taken and tumour site surge plans to optimise the management of cancer patients during the COVID 19 Pandemic. The SOP allows the Trust to adhere to national guidance that "Essential and urgent cancer treatment must continue. Cancer specialists should discuss with their patients whether it is riskier for them to undergo or to delay treatment at this time." Urgent surgery has been moved to Nuffield Hospital site. Cancer governance structure and meetings remain in place.

Diagnostics: Endoscopy Service provision during initial COVID 19 Response:

- All non-emergency referrals cancelled on the 24 March 2020
- All referrals to be clinically triaged by a consultant and telephone consultations should take place with patients and appropriate safety netting in place for patients whose symptoms worsen.
- All referrals are held on the provider waiting list
- All external providers (the endoscopy group) lists cancelled as of the 24 March 2020
- All training lists are stood down as of the 24 March 2020
- Continued clinical validation of surveillance patients by nurse endoscopists and Consultants.

RTT and Outpatients; Longest RTT waiters are being risk stratified fortnightly by Care Groups to ensure waiting for treatment is not causing harm. To date 1,803 elective inpatient or Day Case TCIs and 40,891 outpatient appointments have been cancelled by the Trust. In addition 3,633 outpatient appointments have been cancelled by patients due to concerns around attending hospital. In order that these patients who have cancelled their appointments are not 'lost' those with no future booked activity are being reviewed by clinicians using the NOTIFY process on CPD. Notify allows clinicians to access all areas of CPD to decide on the next stage of a patients care.

To mitigate against the loss of routine capacity the Trust has accelerated its outpatient transformation project with increased numbers of patients being seen via online consultations and telephone clinics; for April to date a third of all attendances

have been non face-to-face (4,700 attendances). Where patients have to be seen in a face-to-face environment the Trust has moved activity to non-acute site clinics where possible. Where high-risk patients have had to attend the York site, areas such as the Neurosciences department have been used. These areas have a separate entrance and therefore the footfall and risk to patients and staff can be minimised.

Care Group clinicians are working with Patient Access to review via NOTIFY a rolling four weeks of future booked outpatient appointments. The following options are available to clinicians when reviewing:

- Discharge
- Defer - Timescale can be entered, clinic type, instructions and additional selections.
- Add to Waiting List
- Convert to Phone / Video using existing or new appointment time and date
- Other Actions – free text

This process is being closely monitored with a standard operating procedure in place to provide a robust method for reviewing patients awaiting an outpatient attendance. A working group with representation from all Care Groups is meeting regularly to ensure governance of the process and that all patients whose appointments have/will have their appointment cancelled are managed safely.

COO24: COVID-19 Impact

Trust received National guidance on the 17th March to postpone all non-urgent elective operations for a period of at least three months, this resulted in 32 patients waiting 52 weeks or longer at the end of March 2020. This number will rise month on month, 452 were waiting 52+ weeks at the end of May.

Referrals into the Trust have reduced, negatively impacting performance against the RTT 92% target.

Diagnostics; in line with JAG and the BSG letter dated 24th March 2020 and the NHSE/I Clinical Guide for the management of patients requiring endoscopy during the coronavirus pandemic, published on the 3rd April 2020 all non-emergency endoscopy has ceased.

Cancer; impacted by reduction in FT referrals and ceasing of non-urgent endoscopy. Patients unable to access Patient Transport Service, risk that service will only run at 10% capacity

In mitigation a Restoration of Services cell has been established as part of the bronze level of the Trust's Incident response Command and Control structure. Discussions have started with Humber, Coast and Vale partners. The following work has been completed to date:

- Tore
- Established Bronze recovery cell
- Data and baseline capacity assessment commenced
- Clinical Risk Management processes for high risk services
- Phase 1 response to end of May 2020;
- Mitigation of impact and clinical risk;

- Capacity: Assessment: Prioritisation: Maximisation;
- Planning: 'Blue, Green, Yellow' zones, scenario modelling and identification of transformational change to maintain.
- System opportunities being explored with Humber, Coast and Vale partners.

DE01: There is a material and significant risk in being unable to achieve required compliance with Trust estate plans, due to insufficient capital available to deliver the Trusts Estate Strategy. There is a plan for the re-build of Scarborough ED by 2024 and there are issues with nightingale wards in Scarborough that require capital funding. This could result in adverse publicity or potential intervention by other NHS authorities or regulators.

This is currently being managed by the prioritisation and investigation of capital funding strategies year on year. Specific risk controls and mitigation in place to manage corporate/capital specific risk areas. It is identified there are existing significant risk outstanding to be addressed at main sites, with lower level risk at other sites, no funding currently identified to date, on these sites the risk is being managed at site level by local estates teams on risk specific case by case basis. The CQC have identified that mitigations need to be in place for Scarborough ED given that the new build is not due until 2024.

DE02: There is a significant risk in being unable to maintain the Trust estate due to insufficient funds being available for estate / equipment repair, replacement or to address any significant critical event or failure. There are pressures on both ED's and nightingale wards in Scarborough. This could potentially result in inability to deliver clinical services, loss of reputation and potential for regulatory intervention. In mitigation Budgets are calculated on historic and plan estates activity. The Trust has in place contingency for limited unexpected events or failure of estates and equipment. Condition survey has been completed 2018 and included in estates business planning. The current Trust financial situation requires close management and prioritisation of the capital and revenue spent.

HR1B: There is an increased risk to patient safety on the Scarborough site which experiences particular difficulties in recruiting medical staff. We currently have a vacancy rate of 10.9% which may impact on patient experience and care. Consideration is being given to how and where services can be provided. Oversees recruitment is having some success. The organisation now has a rota that includes intensivist presence at our Scarborough site and we have introduced the Acute Medical Model at Scarborough

HR18: Patient safety and service delivery compromised due to high absenteeism of staff both medical and nursing due to the Covid-19 outbreak. There may also be a need to re deploy some staff internally and externally to support the Harrogate Nightingale Hospital. In mitigation procurement of DRS Real Time in 2016. System does not fulfil all of Trust's requirements. Increase in coverage of centralised medical rostering.

MD2B: Reflects the staffing issues identified in HR1B.

MD6A: There is a risk of failing to deliver contractual requirements relating to the delivery of emergency care in York. This has multi-faceted causation, which includes increasing patient attendances, workforce and environmental issues etc. This may result in a delay in treatment, failure of ED targets, commissioner fines and regulatory intervention. The CQC has now issued a Regulation 29A Warning Notice in relation to this standard. Steps continue as per the action plan for the section 29a although footfall has reduced as a result of the current Covid-19 Pandemic. Mitigations are covered in COO2.

MD6B: There is a risk of failing to deliver contractual requirements relating to the delivery of emergency care in Scarborough. This may result in a delay in treatment, failure of ED targets, commissioner and fines. The CQC has now issued a Regulation 29A Warning Notice in relation to this standard. Steps continue as per the action plan for the section 29a although footfall has reduced as a result of the current Covid-19 Pandemic. Mitigations are covered in COO2.

SNS 74

There is a significant risk in being unable to maintain the Trust SNS infrastructure due to insufficient funds being available for equipment repair and replacement. This could potentially result in an inability to deliver clinical services or result in poor system performance to the detriment of the organisation.

In terms of mitigation the current Trust financial situation requires close management and prioritisation of the capital spend. The prioritisation of the SNS capital budget is to be done in conjunction with the Digital Strategy Group and monitored via the Capital Programme Exec Group. Specific risk controls and mitigation are in place to manage specific risk areas.

New Risks

COO23 and COO24 are new risks related to the COVID-19 Pandemic and are discussed above.

Reductions in Score

Note the earlier discussion concerning the reduction of financial risk scores and some performance related scores.

Recommended for Removal from CRR

CN20, CN23, CN27 As a result of amalgamation into CN7, CN8 and CN26.

Board Assurance Framework

The Board Assurance Framework has been reviewed with directors and leads and amendments made to ensure that the document remains current. The changes have been tracked so that amendments can easily be seen.

The yearly Internal Audit review of the BAF has provided significant assurance with the following recommendations:

- All actions should include a timeframe for implementation;
- The process should be updated to include a description of responsibilities for stage 4;
- Review the survey responses to identify key themes;
- Review the format of the BAF against other provider BAFs.

Next Steps

Corporate and strategic risks and will continue to be reviewed on a monthly basis and at Quality, Resources and quarterly at Executive Committee, Audit Committee and Board.

Detailed Recommendation

The Board of Directors is asked to discuss and approve the latest versions of the BAF and CRR and make any further recommendations it warrants necessary especially in light of the current pandemic situation.