The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
	Decision		High	Med	Low
Dr Frankie Swords, Medical Director	Consideration	√	√		
	Information	√			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Mark Rose, Deputy Director of Patient Safety	Strategic	√	ALL		
	Operational	√			
	Governance	√			
	IMPLICATIONS:		**RELATED WORK: (PREVIOUS PAPERS TO BOARD/COMMITTEE)**		
	Patient Care/Safety/ Experience	√			
	Finance	√	BAF Report Risk Committee Oversight and Assurance Group		
	Workforce	√			
	Policy	√			
PEER ASSIST (inc. clinical engagement):	**PEER REVIEW:**				
Data prepared by Jamie Tear – Risk Management & Datix Coordinator					
CQC Domain: (safe, caring, effective, responsive, well-led, use of resources)	All & Well-Led				

Meeting Date: Tuesday 27th August 2019

Report Title: Risk Register of High Risks

PURPOSE:

The purpose of this paper is to update the board on high priority risks affecting the strategic delivery of trust objectives. Risks are assessed using the National Patient Safety Agency standard risk scoring tool, scoring is provided along with the details of mitigations in place and updates to those mitigations.

SUMMARY:

During this reporting period the delivery of Risk Management Strategy has taken place and approved by trust board and circulated to the trust risk committee.

The risk management, policy and procedures will be updated to reflect the new risk management strategy and new operational structure of the trust.

Stratified risk training has been delivered on 14th August to align with optimising the management of risk across the trust. Sessions will be directly delivered by external consultants working with the trust, more sessions planned for September 2019.

Operational Risk 1750 is removed and superseded by Risk 2244

The top 3 Strategic, Clinical and Operational Risks are shown below;

The 3 major strategic risks aligned to BAF

Risk No	Description	Score
BAF Risk 1 2562	There is a risk that the Trust may be unable to establish and maintain an appropriate workforce to support the delivery of its objectives, with failures of: - Leadership - Engagement - Capacity - Capability	16
BAF Risk 2 2592	There is a risk that patients may receive sub-optimal care / treatment, with failures in: - Outcomes - Safety - Experience	15
BAF Risk 3 2561	There is a risk that the Trust becomes unsustainable financially and/or clinically, due to failure to: - Deliver financially, at pace - Deliver productivity and efficiencies - Transform services for the benefit of our patients	15

The 3 major clinical risks

Risk No	Description	Score
2560	Risk of harm to patients from an adverse event in oxygen administration	20
2563	Risk that patients may receive sub-optimal care or treatment in the medical and urgent care areas of the trust	20
2593	There is a risk of patient harm from inactivity on radiology results; including incidental findings.	20

The 3 major operational risks

Risk No	Description	Score
2199	There is a risk of the trust not meeting it's strategic objectives by not achieving the 4 hour waiting time target in the Accident and Emergency Department.	20
956	Risk to operational ability to meet constitutional standards of the 18 week Referral to Treatment (RTT) pathway and to treat patients in a timely way.	16
2244	Risk of standard contract breach of 12 hour A&E standard target	16

Implications : Financial / Quality / Workforce / Policy:

High Risks inform priorities for quality improvement and resources.

Strategic / External	Operational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience	Workforce
√	√	√	√	√	√	√

RECOMMENDATION/S:

The Board is asked to note the content of this report

Risk Register of High Risks

1.0 Introduction

This report outlines the current highest 3 Strategic risks, clinical risks and operational risks as recorded on the trust risk register.

The Trust risk strategy has been shared with the risk committee and alterations made to the trust Risk Management software (Datix) have been put in place to reflect the revised classifications.

Stratified risk training has been delivered on 14th August to align with optimising the management of risk across the trust. Sessions will be directly delivered by external consultants working with the trust, more sessions planned for September 2019.

2.0 Risk Changes

Strategic Risk scores have been adjusted to reflect the BAF.

Operational Risk 1750 "Risk of breaching 6 week diagnostic standard for ultrasound and poor patient experience" is removed as now superseded by Operational risk 2244 "Risk of standard contract breach of 12 hour A&E standard target".

Operational risk 2244 "Risk of standard contract breach of 12 hour A&E standard target" is elevated to the board risk paper scoring a 16. This is subject to a thematic review.

Since the last meeting of the Committee the risks continue to be managed via the trust risk committee, the divisional and specialty boards to provide assurance that risk mitigation and actions are put in place to reduce likelihood of risks being realised. The tables below show where changes to risk scores have occurred since November 2018.

Updates and actions to support risk controls since the last report are shown in **bold text** on the tables below, highlighting any changes since the last report, some risks have been rearticulated.

3.0 Risk Strategy Review

During this reporting period the delivery of Risk Management Strategy has taken place and approved by trust board.

The risk management, policy and procedures will be updated to reflect the new risk management strategy and new operational structure of the trust.

Stratified risk training is also planned for delivery on 12th August to align with optimising the management of risk across the trust. Sessions will be directly delivered by external consultants working with the trust.

TABLE 1: TOP3 STRATEGIC RISKS

ID	Risk Description	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	June-19	July-19	Current
BAF Risk 1 2562	There is a risk that the Trust may be unable to establish and maintain an appropriate workforce to support the delivery of its objectives, with failures of: - Leadership - Engagement - Capacity - Capability	n/a	n/a	n/a	n/a	16	16	16	16	16	16

Controls and Assurances:

- **29/07/2019 Overseas nurse recruitment first wave started work at QEH**
- 15/07/2019 Chief Nurse started in Post
- Improvement Workshops arranged and delivered
- 19/06/2019 Deputy Chief Nurse started in Post.
- Chief Nurse appointed
- Leadership Events Held
- 16/05/2019 Radiographer and sonographer recruitment and Interviews have taken place offers being made to fill vacancies.
- Chief Nurse recruitment underway
- HR Director appointment from 20/05/2019
- Workforce Strategy to support recruitment and retention.
- 18/03/19 - Active overseas recruitment for substantive nursing staff took place during April 2019, the recruitment team have made offers to 81 nurses to begin from June through to September.
- 05/02/19 – The trust staffing Template has been revised to indicate the percentage of agency staff on duty per ward per shift. This allows senior nurses to mitigate staffing on a shift by shift basis. Staffing is scrutinised at several points throughout the day and intensively at 11:00hrs, with at least ACN presence and all key decisions are logged.
- Proactive risk management for specific skills gaps and a staffing escalation policy which has been in place since September 2018, this allows a RAG rating of staffing (based on the assessed risk) with clear actions and mitigation to be taken as required.
- Continued use of agency and bank staff, the trust has links with agencies which have been strengthened and regular meetings are taking place with on contract agencies to support our ability to cover staffing shortfalls.
- Staffing levels are reviewed 3x day to mitigate risk as establishment allows.
- Voluntary services offer support where possible (support mealtimes).
- Carer/family support to support feeding where possible.
- Under-establishment Risk tolerated by escalation processes and matron oversight. RAG rated risk tool for staffing in place (with escalation policies).
- Revised home office processes to fast-track visas for skilled shortage occupations
- Recruitment budget in place and exploration of social media hubs to support advertising
- Undertaking "Grow your own" initiatives.
  - Work with local council on recruitment initiatives.
  - Work with local schools and colleges.
  - Support local career events.
  - Work in conjunction with RAF Marham to support staff recruitment.
- Regular reviews of staff welfare and OH services. Sickness and absence policy.
- Administrative support provided where possible. Ensure approach to non-clinical tasks does not constitute or perpetuate a perception of bullying culture by consistent demands for additional work, but supports functional job and time planning with staff to complete non-clinical tasks in a timely fashion.
- Some AHP groups working extended day programs to allow for evening appointments;
- Radiologists provide an in-patient and A&E emergency service for ultrasound.
- Previous employees have returned on either substantive or bank posts; including radiographers and
- 3rd year Student Radiographers offered B4 Bank posts to support the qualified staff
- HR exploring incentivising posts which has been done in the past e.g. support with relocation, accommodation costs and one-off payments
- Long term recruitment plan and strategy.

ID	Risk Description	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	June-19	July-19	Current
BAF Risk 2 2592	There is a risk that patients may receive sub-optimal care / treatment, with failures in: - Outcomes - Safety - Experience	n/a	n/a	n/a	n/a	15	15	15	15	15	15

Controls and Assurances:

- **05/08/2019 Updated in line with BAF**
- 24/07/2019 No update to score
- 19/06/2019 Quality improvement Plan refreshed and re-issued.
- Recruitment in Quality improvement team in place.
- Quality Improvement methodology agreed and ACT Academy engaged.
- QI trainers being identified across the trust.
- New management template in place for managing serious incidents, including milestone reporting and twice weekly serious incident panels.
- Incident management Policy with external consultants for review.
- 16/05/2019 Quality Improvement Plan being refreshed in light of regulatory notices;

- S29A Maternity (Received 17th May 2018) – CQC Ref RGP1-5238502842
- S31 Maternity and Midwifery Service (Received 19th July 2018) – CQC Ref RGP1-5498803707
- S29A Medicine (Received 19th March 2019) – CQC Ref RGP1-6603634367
- S31 Urgent & Emergency / Gynaecology (Received 18th March 2019) - CQC Ref RGP1-6603634388

- See IPR - performance variable. Positive on Stroke and Diagnostics. Reducing DTOCs.
- Response rates high compared to benchmarks.
- Improvements reported on Maternity, DNACPR, Safe Staffing, winter, Safety Huddles, ED
- Learning and Improving Methodology endorsed at Q&PC.
- Serious Incident Submissions now on track.
- Policies, procedures, protocols, SOPs
- Standards and Targets (supported by the Accountability Framework)
- Strategies (e.g. The Quality Strategy)
- The Winter Plan
- Divisional Structures and Leadership
- Relationships with partners e.g. contract with CCG
- Support and learning (e.g. ECIST, Maternity & Cancer Services Support)
- Risk and Governance Reporting Systems and Risk Management Strategy

ID	Risk Description	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	June-19	July-19	Current
BAF Risk 3 2561	There is a risk that the Trust becomes unsustainable financially and/or clinically, due to failure to: - Deliver financially, at pace - Deliver productivity and efficiencies - Transform services for the benefit of our patients	n/a	n/a	n/a	n/a	15	15	15	15	15	15

Controls and Assurances:

- **05/08/2019 Updated in line with BAF**
- 24/07/2019 Changes outlined in BAF report no change in risk scoring
- 19/06/2019 No New updates to risk
- Long-Term Financial Model
- Standing Financial Instructions and Policies
- Systems and procedures
- Annual Plan
- Activity Plan
- Capital and Revenue Budgets
- Loan Agreement
- Financial Recovery Plan
- Productivity Plans
- CIPs Programme
- Contract and Contract management
- Agency Caps
- Control total and regulatory regime/support PRMs / QRMs
- Finance Team
- STP - N&W STP, Cambs and Lincs STPs
- Acute Services Review
- Clinical Strategy
- Corporate Action Plan
- Financial recovery program (CIP program)
- Transformation program (PMO)
- Quality Improvement Program (QIP)
- Quality Strategy
- Improvement Director appointed and external oversight group
- New Chair and CEO appointed

TABLE 2: TOP 3 CLINCIAL RISKS

ID	Risk Description	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	June-19	July-19	Current
2560	Risk of harm to patients from an adverse event in oxygen administration	n/a	n/a	n/a	n/a	20	20	20	20	20	20

Controls and Assurances:

- **05/08/2019 Risk updated; for final actions to be implemented; assess following this, score unchanged until assessment is made.**
- 24/07/2019 Awareness week to be delivered during July with additional awareness sessions booked for delivery in August.
- "Don't Run on Empty" Campaign to support
- For further review at end of July for impact and any risk reduction.
- 19/06/2019 SBAR and Stop-the –clock initiatives rolled out to urgent and emergency care areas
- Thematic review report received and finish group final report with actions and recommendations for learning for implementation, Including Oxygen Awareness week, planned for "care well" week during July.
- 13/05/2019 Medical Gas committee reported;
  - Purchase of new wire frames for use during transfer
  - portable oximeters now procured
  - Training review updated for non-substantive nursing staff
  - thematic review showing early theme of rushed transfer
  - "Stop the Clock" (Situational Awareness) campaign successfully mitigating
  - SBAR now also in use in other areas including Emergency Department
- Task and Finish Group held 19th March 2019
- Oversight with Medical gases Committee to report into Clinical Governance
- Thematic review SI report in progress
- Additional portable oximeters purchased for use during transfers
- SBAR tool being piloted in Urgent care areas
- Patient Safety alerts
- Comprehensive training program
- Task and Finish group
- Policy and Procedures reviewed
- High risk patient transfer flow chart
- Restrictions on transfer of patients with High-Flow oxygen
- Staff briefings and OWL bulletins
- Training Compliance lists
- Standard operating Procedures in place
- Policy reviewed and up-to-date
- Actions and monitoring of actions from previous incidents
- Risk assessment
- Datix reports

ID	Risk Description	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	June-19	July-19	Current
2563	Risk that patients may receive sub-optimal care or treatment in the medical, urgent and emergency care areas of the trust	n/a	n/a	n/a	n/a	20	20	20	20	20	20

Controls and Assurances:

20/08/2019 No update made to risk register form division.

- 19/06/2019 No update to risk (Divisional Risk meeting later in month)
- 16/05/2019 Additional Risks highlighted relating to ED (in particular estate):
- 2589 Lack of appropriate clinical space to manage paediatric mental health patients within the ED (16)
- 2588 Mrs Corwen Hull Lack of operational admin time and support to complete administrative tasks within the emergency department 09/05/2019 15 High Low
- 2587 The layout of where the Assessment Zones are located in relation to the emergency department (15)
- 2586 Lack of a 'Patient Navigator' role within the department which is required 24/7 (12)
- 2585 There is a risk of the IT systems within the A&E department (15)
- 2584 Lack of Internal Professional Standards within the emergency department (20)
- 2583 The general layout of the ED is not fit for purpose (20)
- 2582 There is inadequate space to maintain a line of space for patients who are "fit-to-sit" (12)
- 2581 There is a risk that patient's in ED are not being triaged within the 15 minute standards (20)
- 2580 Lack of appropriate clinical space to manage adult mental health patients within the ED (16)
- 2579 Trained paramedic staff currently working as part of the trained nursing establishment within the Emergency department (9)
- 16/05/2019

		• SBAR tool being piloted in Urgent care areas • Daily Matron rounds of all clinical areas. • Daily round by staffing matron of all clinical areas. • Daily staffing huddles attended by matrons and ACN's where "Hot spots" of concern are discussed and mitigations put in place. • Daily Multi-professional Safety Huddles to highlight patient safety issues • Timely actions taken by Ward Manager and matron regarding Friends and Family Test concerns • Quality Assurance Visits of all ward areas • Action plans for improvement in place (QIP) • Monthly audits of care rounds, fluid charts, cannula care, prescription of care documents, discharge plan, falls risk and safeguarding documents on Perfect Ward

ID	Risk Description	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	June-19	July-19	Current
2593	There is a risk of patient harm from inactivity on radiology results; including incidental findings.	n/a	n/a	n/a	n/a	n/a	20	20	20	20	20
		Controls and Assurances: • **20/08/2019 CT Results review now 60% complete work ongoing.** • 24/07/2019 Results audit is progressing but has slowed; reporting some patients identified for follow-up. • 19/06/2019 Results audit is progressing well with initial pilot sample reporting no harms or adverse events identified. • Methodology finalised to proceed to review CT records backdated 6 months • Direct reporting routes from radiology to MDT's • Alerts now in place for abnormal findings • Trust is reviewing a sample of CT results for any abnormal findings and evidence that appropriate action has been taken.									

TABLE 3: TOP 3 OPERATIONAL RISKS

ID	Risk Description	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	June-19	July-19	Current
2199	**There is a risk of the trust not meeting it's strategic objectives by not achieving the 4 hour waiting time target in the Accident and Emergency Department**.	16	16	16	16	20	20	20	20	20	20

Controls and Assurances:

- **31/07/2019 Risk reviewed; no changes.**
- 24/07/2019 No updates in reporting period
- 19/06/2019 No updates to risk in reporting period
- 09/05/2019 Performance for April was 84.67% against a trajectory target of 85%.
- Robust escalation process.
- Bed management policy.
- Governance structure and processes in place to review and manage changes as they occur e.g. bed meetings, daily silver call.
- RAP in place.
- Clear triage pathway.
- Daily dtoc.
- Patient flow program.
- System winter plan agreed.
- PANDA meeting weekly
- TEC meeting monthly
- SRG meeting fortnightly

ID	Risk Description	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	June-19	July-19	Current
956	**Risk to operational ability to meet constitutional standards of the 18 week Referral to Treatment (RTT) pathway and to treat patients in a timely way.**	16	16	16	16	16	16	16	16	16	16

Controls and Assurances:

- **24/07/2019 No updates in reporting period**
- **19/06/2019 No updates to risk in reporting period**
- 23 hour stay unit now open
- Collaboration with Independent Sector Providers to treat Trust patients (Sandringham BMI, Fitzwilliam (Peterborough) and also NWAFT for orthopaedic patients.
- High number of elective patients now convert to day case procedures.
- Organisationally work is on-going to ensure that there are sufficient beds ring-fenced to enable patients listed for surgery to be managed in a clinically appropriate, patient centred way in line with the targets which are inherent within their 18 week pathway. This goal has been achieved for ~ 4 weeks, with all elective patients being brought in for their operations.
- Steps have been taken to mitigate the likelihood; the medical emergencies are now co-horted and not scattered across the surgical wards, Denver and Gayton wards are being utilised for surgical emergency patients.
- Elm ward is being utilised for surgical elective patients (ring fenced).
- Instigation of an outlier team to manage outliers effectively.
- 3.12.14 - decreased cancellation rate due to beds, improved forecasting and satisfactory initial feedback from IST.
- May 15 - Pre assessment process issues are a key part of the theatre transformation program and will be addressed through specific work streams.
- New booking process in DSU is having a positive impact on Day Surgery DNA rates.

ID	Risk Description	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	June-19	July-19	Current
1750	**Risk of breaching 6 week diagnostic standard for ultrasound and poor patient experience.**	12	12	12	12	12	12	12	12	12	16

Controls and Assurances:

- **Updated and reviewed 25/07/2019. Lack of community MH beds. Thematic review commissioned.**
- **Statutory process for detaining a patient provides a framework for compliance.**
- **Inpatient liaison service plus NSFT aim to work in an integrated fashion.**
- **Escalation to CCG on a regular basis.**