Agenda Item 17

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE PUBLIC BOARD

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Dr Nick Lyons Medical Director	Decision		High	Med	Low
	Discussion	√	✓		
	Information	✓			
LEAD MANAGER:			**BAF REFERENCES & RAG:**		
Mr Mark Rose Deputy Director of Patient Safety	Strategic	✓			
	Operational	✓			
	Governance	✓	**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
Data prepared by Jamie Tear – Risk Management & Datix Coordinator					
CQC Domain: (safe, caring, effective, responsive, well-led)	All				

Meeting Date: 29th January 2018
Report Title: Risk Register 15+

PURPOSE:

The purpose of this paper is to update the committee on critical risks (those rated as 15+) along with the details of mitigations in place.

SUMMARY:

The Governance team continues to work to embed and strengthen the oversight and management of risks at Divisional level.

- There are currently 13 open critical risks scoring 15+.
- Since the last report of November 2018 no new risks have been added to the register.
- Risks no longer classed as risks are now removed from the 15+ risk register:
  - Target converted to issue (Risk 2199)
  - Ventilation converted to issue (Risk 2371)
  - Finance converted to issue (Risk 2428)
  - Security Rudham ward managed as issue (Risk 2459)
  - Target converted to issue (Risk 2316)

There is still further development work ongoing with the divisional teams to reduce risks and standardise risk metrics, the risk register is regularly developed and reviewed.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
✓	✓			✓	✓

RECOMMENDATIONS:

- Review progress since the last report
- Note actions and suggest further work

1.0 Introduction

The Risk and Governance team have completed reviews of all 15+ risks. The risk register now reflects the current position in relation to high and significant risks.

2.0 Risk Changes

Since the last meeting of the Committee the risks continue to be managed and mitigation and action to reduce likelihood is put in place. Table 1 shows where changes to scores have occurred since January 2018.

Further Updates and actions to support risk controls since the last report are shown in bold text on the table below.

Risk Register Review

The Risk and governance team are currently reviewing the risk register to highlight issues and separate them from inherent risks.

Issues have material certainty (Cause) and *affect* the ability to deliver system objectives.

Risks are uncertain events which have contributory *effect* on the delivery of objectives.

The risk register needs to be clear on the risk to delivery to key objectives.

The Risk management team are currently developing the datix system to provide the ability to differentiate issues and risks through the creation of an issues log.

Actions currently being taken are identification of issues and re-articulation of the risk register entry to inform the board of the current risks present.

Ongoing work is progressing to re-articulate the risks and provide a mature risk assessment and reporting system based on clear metrics. This is aligned with delivery of the Quality Improvement Plan.

Where issues are identified requiring further work these are highlighted on this report indicated by the inclusion of "This is recognised as an issue for risk development and review".

Detail of timescales for controls and mitigations is not contained within this report, the information is embedded within the central risk record (datix). The risk team will continue to develop the report to reflect the current controls and mitigations in place.

CBU 1

ID	Title	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Current
2306	Main theatres skill mix *This is recognised as an issue for risk development and review. To be reviewed*	15	15	15	15	15	15	15	15	15	15
		Controls and Assurances: • **Business case to be reviewed and resubmitted** • Cover gaps in skill mix by offering overtime to staff with the skills needed. • Last minute changes of individual staff members off-duty rota. • Liaise with DSU to identify if any members of their staff have transferable skills to enable them to help main theatres. • List cancellations.									

ID	Title	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Current
2387	Risk of harm from delayed admission to Critical Care; frequent emsa breach and discharges delayed more than 4 hours	16	16	16	16	16	16	16	16	16	16
		Controls and Assurances: • Potential discharges from Critical Care are Identified and communicated at earliest opportunity. • EMSA breeches highlighted in ops centre • Critical care escalation plans would be utilised to manage a patient outside of the Critical Care unit									

CBU 4

ID	Title	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Current
2337	Antenatal scans are performed but not recorded on PACS; so not visible to other Providers leading to possible adverse care. *This is recognised as an issue for risk development and review.*	16	16	16	16	16	16	16	16	16	16
		Controls and Assurances: • Doctors record a written note in patient record that a scan has been performed and the outcome. • Cranial Ultrasound done in Paediatrics - images are saved onto the machine but not downloaded onto PACS. Currently the still images are printed and a copy put into the handheld notes. Babies/Children that are transferred to another hospital, have to have the images copied or re-printed as they cannot be seen at the receiving hospital.									

ID	Title	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Current
2489	Patient Safety risk from recruitment gaps in Midwifery	n/a	n/a	n/a	n/a	n/a	15	16	16	16	16
		Controls and Assurances: • **Vacancies re-advertised via NHS Jobs** • Agency use to ensure compliance with safe staffing levels. • Full staffing review to be undertaken. • Robust recruitment plan and strategy. Escalation process: • Reallocation of available staff appropriately dependent upon clinical situation. • Daily Bed Manager in place to escalate up to the executive board following the twice daily Safety Huddles. • Escalation up through the Bed Manager to Matron and the executive board as required. • On call midwife brought in to work the full 12 hour night shift to support the service. • Matron on call implemented to support service. • Coordinators all advised to submit Datix in the event of compromised supernumerary status, so incident data can be collated to provide assurance.									

Estates & Facilities

ID	Title	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Current
392	Delivery of Clinical strategy due to restrictions from estates; Roof Integrity and building infrastructure	15	15	15	15	15	15	15	15	15	15

Controls and Assurances:

- **Structural Survey received and Standard Operating Procedures written to be ratified by emergency planning committee**
- Additional monitoring has been implemented in key areas identified as weak points.
- MLM appointed to undertake structural safety inspection, and reports received regarding poor weather procedure which is being written up as an SOP - currently being reviewed by Estates and emergency planning.

ID	Title	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Current
1938	Risk of death or injury from fire; Fire Compartmentation & Fire Detection	15	15	15	15	15	15	15	15	15	15

Controls and Assurances:

- Mandatory staff training annually for clinical and patient facing staff, includes evacuation and fire extinguisher training.
- Fire simulation exercise carried out 2015. Fire Policy adapted to allow for identified risks - under regular review.
- Fire Strategy.
- Evacuation policy.
- Appointment of Fire Engineer.
- SLA with Nifes Fire Safety consultants.
- Departmental risk assessments.
- All current and future capital projects regarding construction of areas meet current standards.
- Replacement of fire doors is being phased through the organisation, use of 2 bed movers to assist with evacuation of beds down the rear ramp.
- Vigilance by all staff to ensure designated fire exits kept clear.
- Fire alarm and emergency lighting installations.
- Installation of additional fire detectors, on going over the next 2 years to upgrade to L1 system.
- Awaiting an appointment of project manager.
- Compliance with CDM regulations around contractors on site.
- Prevention of accumulation of contractors debris, equipment or obstruction particularly in front of ventilation ducts and escape routes.
- General vigilance of staff to the maintenance of a safe environment.
- Ensuring all other fire alert systems are functioning.
- Staff training - involves awareness and vigilance.
- Contractor appointed to carry out detailed surveys.
- Part of all refurbishments specifications take into account all local duct work and additional fire detection systems.
- Mapping has been carried out for all new areas.
- Planned maintenance processes being continually reviewed.
- Contract with Nifes - external Fire specialist contractors.
- Program of work started Feb 2016. £60k has been allocated in 2016 capital budget.
- 20% completion of testing and remedial work.

Finance

ID	Title	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Current
2430	Capital loan financing 2018-19	15	15	15	15	15	15	15	15	15	15

Controls and Assurances:

- Regulatory dialogue to authorise necessary capital loan finance through established financial procedures.
- While currently in technical breach having the perceived gap the Trust scale of gap coupled with not financing weigh towards the likelihood of a satisfactory resolution.

IM&T

ID	Title	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Current
2343	The threat of the Trust's day to day operations being compromised by Cyber Crime	16	16	16	16	16	16	16	16	16	16

Controls and Assurances:

- IT security policies/processes.
- Network perimeter firewalls and systems.
- IT security products i.e. Sophos anti virus/spam email, Websense web filtering.
- Staff awareness/communications.
- Software patch control.
- Strong access control i.e. user accounts/passwords.
- Business continuity plans.
- System back ups.
- IG Tool Kit

Corporate - Nursing

ID	Title	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Current
2412	No central oversight and governance structure for medical device training compliance. *This is recognised as an issue for risk development and review.*	n/a	n/a	15	15	15	15	15	15	15	15

Controls and Assurances:

- Localised records held.
- Low level device training delivered by medical device trainer, recorded on ESR.

Trust Wide

ID	Title	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Current
956	Failure to meet 18 week pathway and loss of income.	20	20	20	20	20	20	20	16	16	16

Controls and Assurances:

- **23 hour stay unit now open**
- Proposal for a 23 hour stay unit to be submitted to mitigate against expected winter pressures on elective beds.
- 3.12.18 Harm reviews to take place on all patients waiting over 40 weeks.
- 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	Title	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Current
2493	Risk to Patient Safety and delivery of effective care due to challenges to existing nursing vacancies	n/a	n/a	n/a	n/a	n/a	n/a	20	20	20	20

Controls and Assurances:

- **Overseas nurses now beginning into post with trajectory established to fill further posts**
- Continued use of agency and bank staff.
- Staffing levels are reviewed 3x day to mitigate risk as establishment allows.
- Development of nursing associate role to support registered nurses in delivery of care.
- 6 monthly skill mix review.
- Establishment Nurses work overtime and additional hours/shifts.
- 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).
- Working with agency to support overseas recruitment.
- Proactive risk management for specific skills gaps.
- Revised home office processes to fast-track visas for skilled shortage occupations
- Reviewing new roles within nursing. Implementing nursing associate role within trust.
- Work with trainee nurse through career workshops and recruit where possible from local universities and HEI's
- Recruitment budget in place and exploration of social media hubs to support advertising
- Work with local council on recruitment initiatives.
- Work with local schools and colleges.
- Undertaking "Grow your own" initiatives.
- 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.

ID	Title	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Current
2483	CQC Section 31 and Section 29A Risk of further regulatory notices	n/a	n/a	n/a	16	16	16	16	16	16	16

Controls and Assurances:

- Corporate (MROG) action plan to address concerns raised under section 29A and section 31 by CQC regulatory framework.

ID	Title	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Current
2514	Risk to delivery of CQC QIP: Lack of strategy									16	16

This is recognised as an issue for risk development and review.

Controls and Assurances:

- A robust and inclusive Organisational Development and QIP Comms strategy are to be developed and implemented.