Agenda Item No. 16

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:		
Carmel O'Brien, Interim Director of Patient Safety	Decision	√	High	Med	Low
	Consideration		√		
	Information				
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Mark Rose, Deputy Director of Patient Safety	Strategic		1	2	3
	Operational	√			
	Governance	√			
	IMPLICATIONS:		**RELATED WORK: (PREVIOUS PAPERS TO BOARD/COMMITTEE)**		
	Patient Care/Safety/ Experience	√			
	Finance	√	Risk Committee Board Assurance Committees Hospital Management Board		
	Workforce	√			
	Policy	√			
PEER ASSIST (inc. clinical engagement):	**PEER REVIEW:**				
Jamie Tear, Datix systems Administrator					
CQC Domain: (safe, caring, effective, responsive, well-led, use of resources)	All				

Meeting Date: 26th November 2019

Report Title: Board Report on Significant Risks contained within the trust Risk Register (All risks with a current score of 15 or more)

PURPOSE:

This report is intended to provide the Board with supporting narrative for all risks classified as 'significant' (risks scoring 15 and above) on the trust risk register.

SUMMARY:

This is the second of the new style risk reports to the Board following a discussion and endorsement at the Chief Executive's Leadership Meeting. In line with the 2019-2022 Risk Strategy approved by the Board, this report contains details of all risks classified as 'significant' (risks scoring 15 and above) on the trust risk register. Details are fully discussed at the Risk Committee.

Divisions are responsible for highlighting operational risks through their risk registers; the Risk Committee co-ordinates this activity and agrees classification of risk as 'Significant' where appropriate.

Going forwards, Hospital Management Board (HMB) will have an overview of all risks and the Board Assurance Committees will monitor the risks within the scope of their terms of reference.

Reports to the Board will highlight:

- Concerns raised by the Board Assurance Committees
- The highest scored risks
- Movements onto, in and off the risk register of risks classified as 'significant'.

A detail report of all risk register entries scoring 15+ is be provided as an annex.

There are currently 18 risks scored 15 or over and classed as significant risks (including 1 escalated risk).

- 2 risks scoring 20+
- 9 Risks scoring 16
- 7 Risks scoring 15

3 significant risks were reduced in overall scoring from the previous report of 21 significant risks.

Implications : Financial / Quality / Workforce / Policy:

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

RECOMMENDATION/S:

The Board is invited to:

- note the report
- commission further actions as appropriate
- comment on the new style reporting.

REPORT

1.0 Introduction

Divisions review their risks on a monthly basis as part of their governance review meetings.

A comprehensive exercise has been carried out with owners of all risks classified as 'significant' on the risk register; risks will continue to be reported on a monthly basis. A full review was undertaken by the risk committee in October 2019 to remove duplication and ensure risks were robustly challenged.

The Risk committee has been reviewing risks to ensure:

- The description and title of the risk is reflective of the style you would expect for a public document (avoiding jargon and acronyms).
- Risks are in review date where possible
- Risk scoring is aligned across the Trust (in progress, some homogeneity has been established, is evidence based and reflects the mitigated risk score)
- Mitigating actions are reviewed
- Language of the risk report template mirrors the BAF (Board Assurance Framework)
- Each risk is being reviewed and where appropriate linked to the BAF
- Work is ongoing to strengthen the links between the risk register and the BAF. There is also work planned to strengthen the links between the risk register, incident reporting and audit.

In the proposed revised governance arrangements the Audit and Risk Committee will oversee and assure the process for the Board and individual Board Assurance Committees will oversee the risks associated with their 'pillar' (Patients, People or Pounds).

2.0 Significant Risks from the Trust Risk Register

The significant risks in this report are aligned to the BAF. The risk register annexe accompanying this report contains details of all current significant risks (scoring 15 or above). There are currently 18 risks that fall into this category. The detailed risk register annexe attached also gives the categorisation of the risk as described in the trust risk strategy.

Significant risks fall into the current categories:	
Risk type	**Number**
Patient Safety and Quality	7
People	3
Financial and Estates	5
Corporate/Process	3

Current scoring profile:

- 2 risks scoring 20+
- 9 Risks scoring 16
- 7 Risks scoring 15

2.1 Significant Risks (15+)

There are currently 19 Risks scoring 15 and above and are listed as aligned to the BAF in order of the highest scoring risks. The attached annexe runs in the same order as risks on this report.

BAF Risk 1 – relating to our People

Risk	Summary Risk	Executive Oversight	Current Score (IxL)	Target Score (IXL)
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. Continuation of the high vacancy levels, difficult recruitment market and low retention rates will lead to inconsistent and sub-optimal care to patients.	Chief Nurse	Major (4) x Likely (4) = **16**	Minor (2) x Unlikely (2) = 4
2514	There is a risk that staff engagement does not improve which will impact the Trust's ability to deliver the Integrated Quality Improvement Plan.	Chief Nurse	Major (4) x Likely (4) = **16**	Major (4) x Unlikely (2) = 8
2640	Risk to trusts ability to provide required capacity for transfusion services due to the depleted transfusion team staff.	Chief Nurse	Major (4) x Likely (4) = **16**	Major (4) x Rare (1) = 4

BAF Risk 2 – relating to the quality of care to our patients

Risk	Summary Risk	Executive Oversight	Current Score (IxL)	Target Score (IXL)
2592	There is a risk that patients may receive sub-optimal care / treatment, with failures in: - Outcomes - Safety - Experience	Medical Director	Major (4) x Almost Certain (5) = **20**	Major (4) x Rare (1) = 4
392	There is a direct risk to life and safety of patients, visitors and staff of the trust due to the high potential of catastrophic failure of the roof structure due to structural deficiencies.	Chief Operating Officer	Catastrophic (5) x Likely (4) = **20**	Major (4) x Rare (1) = 4
2244	There is a Lack of Actual and potential community inpatient mental health beds to enable patients requiring inpatient assessment and treatment to be transferred in a timely fashion leading to extended stay with an acute provider (including 12 hour A&E Breach - Actual and potential).	Chief Operating Officer	Major (4) x Likely (4) = **16**	Moderate (3) x Unlikely (2) = 6
2642	The risk of medical inpatients coming to harm as a result of their placement within the hospital. (Medical Outliers).	Medical Director	Major (4) x Likely (4) = **16**	Minor (2) x Unlikely (2) = 4

2643	Risk of patients unable to access safe and effective diagnostic imaging at the trust to service level standards across a seven day service due to establishment vacancies, turnover and cultural issues within diagnostic imaging.	Medical Director	Major (4) x Likely (4) = **16**	Moderate (3) x Rare (1) = 3
2583	There is a risk that the Trust will not secure capital funding due to limited national capital, STP and Regional prioritisation to improve the layout of the ED which is not fit for purpose leading to continued delivery of sub-optimal care to patients.	Chief Operating Officer	Moderate (3) x Almost Certain (5) = **15**	Major (4) x Rare (1) = 4
2199	Risk to patients having a poor experience in the Accident and Emergency Department due to the trust not meeting it's strategic objectives and not achieving the 4 hour waiting time target.	Chief Operating Officer	Moderate (3) x Almost Certain (5) = **15**	Moderate (3) x Possible (3) = 9
2634*	Patients are at risk of not receiving appropriate/timely cancer treatment; delays may cause avoidable death or serious harm, shortened life expectancy or prolonged pain due to the trust not achieving NHS Cancer waiting times.	Chief Operating Officer	Catastrophic (5) x Possible (3) = **15**	Minor (2) x Possible (3) = 6
2553	There is a risk that the Trust's ineffective governance structures will lead to poor decision making and potentially poor patient care	Medical Director	Moderate (3) x Almost Certain (5) = **15**	Moderate (3) x Unlikely (2) = 6
2585	All ED documentation is based on an electronic system, this includes all test results. The system remains slow and multiple logins are required for different systems. There is a risk that wrong information can be transcribed.	Chief Operating Officer	Moderate (3) x Almost Certain (5) = **15**	Moderate (3) x Rare (1) = 3

***Risk 2634 –** this risk has been rescored from Impact Moderate (3) x Almost Certain (5) to Impact Catastrophic (5) x Possible (3). This does not change the overall score of the risk (15), but reflects the actual risk of occurrence and impact.

BAF Risk 3 - relating to Sustainability

Risk	Summary Risk	Executive Oversight	Current Score (IxL)	Target Score (IXL)
2483	The a risk of reputational damage to the trust if regulatory notices from the regulator (CQC) of Section 31 and section 29A notices are not removed or acted on effectively.	Medical Director	Major (4) x Likely (4) = **16**	Major (4) x Rare (1) = 4
2343	Risk of disruption to the delivery of services, loss of confidential information, detrimental effect on the Trust's reputation, financial impact due to a cyber-crime attack.	Chief Operating Officer	Catastrophic (5) x Possible (3) = **15**	Major (4) x Unlikely (2) = 8
1938	Risk to life due to the high potential failure of multiple critical components of fire safety system due to historical building defects.	Chief Operating Officer	Catastrophic (5) x Possible (3) = **15**	Catastrophic (5) x Rare (1) = 5
2625	There is a risk of loss of pathology archive data due to the technical support for ICNet ending in June 2019. Transfer of pathology data from Micro-laboratory services at tertiary centres is reliant on this link being effectively maintained.	Chief Nurse	Major (4) x Likely (4) = **16**	Major (4) x Rare (1) = 4

2.2 Escalated Risks

There is 1 risk escalated for inclusion in the significant risk register

Risk	Summary Risk	Executive Oversight	Current Score (IxL)	Target Score (IXL)
2594	There is a risk that 7 beds within Central delivery suite will be declared no longer fit for purpose due to their age, limited availability of replacement parts and rusting areas on all beds that hinder cleaning processes.	Chief Operating Officer	Major (4) x Likely (4) = **16**	Minor (2) x Unlikely (2) = 4

2.3 Reduced Risks

Since the last report of 21 risks scoring 15+, 3 risks have been reduced in overall scoring. This represents work undertaken to review the risks, make updates to risk controls, mitigations and appraisal of likelihood.

Risk	Description	Executive Oversight	Previous Risk Score	Reduced Risk Score
2610 BAF2	There is a risk of patients in the High Dependency Unit (HDU) and the Stroke unit being placed and cared for next to a patient of the opposite sex (EMSA Breach).	Chief Nurse	Moderate (3) x Almost Certain (5) = 15	Moderate (3) x Likely (4) = **12**
2576 BAF2	Risk of serious harm to patients requiring temporary pacing out of hours due to a lack of out of hours on-call Cardiology cover with no formal arrangement currently in	Medical Director	Catastrophic (5) x Possible (3) = 15	Major (4) x Possible (3) = **12**

	place.			
2561 BAF3	There is a risk that the Trust becomes unsustainable due to failure to deliver productivity and effectiveness, transform services or deliver financial disciplines leading to significant regulatory intervention.	Chief Executive Officer	Moderate (3) x Almost Certain (5) = 15	Major (4) x Possible (3) = **12**

Risk 2610 Following Risk committee request, datix system was interrogated showing 39 EMSA breaches in a 12 month period; likelihood score reduced to Likely (4). New risk score is 12.

Risk 2576 Likelihood and Impact reviewed as requested from risk committee. Likelihood score to remain as Possible (3). Impact reduced to Major (4) as hospital has 24 hour crash call cover in the event of cardiac arrest and Papworth on-call out of hours. New risk score of 12.

Risk 2561 Reviewed, rescored and updated by Deputy Director of Finance 13/11/2019. New Risk score of 12.

3.0 Summary and further actions

This report now contains all significant risks on the risk register. Further work is ongoing to reframe the current risks, this report now highlights to Board the following information;

- New Risks and Risks escalated to 15+
- Closed and mitigated risks from the previous report
- Changes in risk rating within the Risk Register

Internal Audit is carrying out a review of the maturity of the Trust's risk management systems in November. Any identified actions and recommendations will be implemented to strengthen our current system for the management of risks. Further work will be required to ensure the risk register describes the full range and breadth of the risks the Trust is managing.

In the future the report of significant risks and the BAF will be presented to the Board at the same time at least on a quarterly basis.

The Board is asked to note the report, determine actions as appropriate.

The Board is asked to comment on the new style reporting.