Agenda Item 14

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:		
Frankie Swords, Medical Director	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:**				
Carmel O'Brien, Nursing and Quality Governance Advisor Jamie Tear, Datix systems Administrator					
CQC Domain: (safe, caring, effective, responsive, well-led, use of resources)	All				

Meeting Date: 29th October 2019

Report Title: The Significant Risk Register

PURPOSE:
This report is intended to provide the Board with supporting narrative for the Significant Risk Register (specifically all current risks of 15 or above).
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 Risk Strategy approved by the Board, we are developing a significant risk register (SRR), those risks scored 15 and above. Details were 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 combines risks onto the Significant Risk Register 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. The risk report to the Board will highlight: • Concerns raised by the Board Assurance Committees

- The highest scored risks
- Movements onto, in and off the significant risk register

A summary of all risks 15+ will is provided as an annex.

There are currently 21 risks scored over 15 and classed as significant Risks

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

2 Risks were de-escalated from the previous report.

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 on the significant 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)
- 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 significant 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 Risk Register

The significant risks in this report are aligned to the BAF. The significant risk register accompanying this report contains details of all current significant risks (scoring 15 or above). There are currently 19 risks that fall into this category. The detailed risk register 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	9
People	2
Financial and Estates	5
Process	3

Current scoring profile:

- 2 risks scoring 20+
- 7 Risks scoring 16
- 10 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.

BAF Risk 1 – relating to the quality of care to our patients

Reference	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	Frankie Swords	4x5=20	4x1=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.	Denise Smith	5x4=20	4x1=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).	Denise Smith	4x4=16	3x2=6
2642	The risk of medical inpatients coming to harm as a result of their placement within the hospital. (Medical Outliers).	Denise Smith	4x4=16	2x3=6
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.	Frankie Swords	4x4=16	3x1=3
2622	Trust rated 'Red' following NHSi/E and CCG inspection due to: IPC structure and vacancies, Action Plan not detailed enough and progress slow.	Libby McManus	4x4=16	4x1=4
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.	Denise Smith	3x5=15	1x4=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.	Denise Smith	3x5=15	4x3=12
2576	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 place.	Frankie Swords	5x3=15	5x1=5
2610	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).	Libby McManus	3x5=15	3x1=3
2634	Patients are at risk of not receiving	Denise	3x5=15	1x2=6

	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.	Smith		
2553	There is a risk that the Trust's ineffective governance structures will lead to poor decision making and potentially poor patient care	Frankie Swords	3x5=15	3x2=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.	Denise Smith	3x5=15	3x1=3

BAF Risk 2 – relating to our People

Reference	Summary Risk	Owner	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.	Libby McManus	4x4=16	2x2=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.	Libby McManus (Laura Skaife-Knight)	4x4=16	4x2=8

BAF Risk 3 - relating to Sustainability

Reference	Summary Risk	Owner	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.	Frankie Swords	4x4=16	4x1=4
2561	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.	Liz Sanford	3x5=15	2x4=8
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.	Denise Smith	5x3=15	4x2=8
1938	Risk to life due to the high potential failure of multiple critical components of fire safety system due to historical building defects.	Denise Smith	5x3=15	5x1=5

De-escalated Risks

Since the last report of 6 risks scoring 20+, 2 risks have been de-escalated:

Risk No	Description	Executive Lead	Previous Risk Score	De-escalation detail
1038	There is a risk that the trust will not embed quality improvements in relation to delivery of excellent patient care due to embedded cultural issues and turnover leading to continued delivery of sub-optimal care to patients.	Libby McManus	5x4=20	Closed Risk - Merged with Risk 2562 as duplication.
2493	There is a risk that continuation of the high vacancy levels and due difficult recruitment market and low retention rates will lead to inconsistent and sub-optimal care to patients.	Libby McManus	4x5=20	Closed Risk – Merged with Risk 2562 as duplication.

This report now contains all significant risks on the risk register. Further work is ongoing to reframe the current risks, in the future this report will highlight 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 Significant Risk Register

3.0 Summary and further actions

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 significant risk register describes the full range and breadth of the risks the Trust is managing.

In the future the SRR 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.