Agenda Item No.16

NHS
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:		
Emma Hardwick Chief Nurse	Decision		High	Med	Low
	Discussion		√		
	Information	√			
LEAD MANAGER:			**BAF REFERENCES & RAG:**		
Mr Mark Rose Deputy Director for Patient Safety	Strategic	√			
	Operational	√			
	Governance	√	**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
Mrs Debbie Mokate Risk and Patient Safety Manager Jamie Tear Datix and risk Coordinator					
CQC Domain: (safe, caring, effective, responsive, well-led)	All				

Meeting Date: March 2018
Report Title: Risk Register 15+

PURPOSE:

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

SUMMARY:

The Risk Committee continues to embed and strengthen the oversight and management of risks in the organisation

- There are currently 28 open risks scoring 15+.
- Since the last month:
  - 3 new risks have been added number 2430, 2431 and 2436
  - 2 risks have been upgraded number 1750 and 2273
  - 1 risk in Estates has been downgraded following review of the risk grading but remains on the report
  - 2 risks in Estates have been merged into a single risk
  - 1 risk in medicine has been downgraded to 12 therefore below the threshold for this report, number 2388
  - 1 risk in W&C has been downgraded and no longer appears on the report, number 2371
- The following report shows high risks by service line this will change to CBU's next month.
- Work is ongoing to review all risks on register with operational task and finish groups.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

- Number and type of high risks have changed since the report. This reflects an active review of these risks by the service lines.
- Follow up on risks management is part of the Trust Risk Management Committee.
- Further work to ensure risks, mitigation and actions are robust continues

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 being led by Executive team.

1.0 Introduction

The Risk Committee continues to embed and strengthen the oversight and management of risks in the organisation

There are currently 28 open risks scoring 15+. It is likely this will change with the ongoing review and all rationale will be logged and reported to the Operational Risk Committee to ensure the governance of this is robust. The Risk Committee has asked that the high risks are reviewed first to ensure risk is correctly described and adequate mitigation is in place.

2.0 Risk Changes

Since the last meeting of the Board 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. Oversight of this continues at the risk committee that is chaired by an Executive Director.

Current risks ≥15							
	Title	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Women and Children							
2296	Potential removal of GP trainees & FY2 junior staff in Obstetrics & Gynaecology	20	20	15	15	15	15
2421	Out of Date Guidelines	N/A	N/A	N/A	16	16	16
2432	Risk of critical error due to incomplete patient record on Badgernet Electronic System	N/A	N/A	N/A	N/A	16	16
2337	Scans performed not recorded on PACS	20	20	20	20	20	20
2371	Vulnerable patients acquiring HAI with unusual organisms due to Non-Compliance of Neonatal Unit Ventilation with HTM03-01	15	15	15	15	15	15
Medicine 1 and 2							
2199	Failure to achieve 4 hour standard target	16	16	16	16	16	16
2361	Endocrinology follow up backlog	15	15	15	15	15	15
2386	Leverington Escalation Ward	16	16	16	16	16	16
2431	Risk of cross infection from respiratory organisms	N/A	N/A	N/A	N/A	N/A	15
1038	Nursing clinical workforce - Division of Medicine	12	12	12	16	16	16

2419	Staffing levels on Terrington Short Stay	N/A	N/A	N/A	20	15	15
Surgery 1 and 2							
2400	Loss of Admissions Unit for Elective care	N/A	N/A	15	15	15	15
2306	Main theatres skill mix	15	15	15	15	15	15
956	Failure to meet 18 week pathway and loss of income.	12	16	16	16	16	16
2338	Treatment Room in Day Surgery Temperature Control	9	9	9	9	16	16
2256	Extra Escalation Beds into Admissions (AU) capacity (under review as links to risk 2400)	12	12	12	15	15	15
2436	Admission Unit temporary relocation to Feltwell.	N/A	N/A	N/A	N/A	N/A	15
Cancer, Diagnostics and Therapies							
2353	Recruitment of Consultant Haematologist	16	16	16	16	16	16
1750	Risk of not having sufficient Ultrasound capacity	9	9	9	9	12	16
2273	Risk of insufficient registered Radiographers to deliver a sustainable 7 day service	12	12	12	12	12	16
Estates & Facilities							
392	Roof Integrity	16	16	16	16	16	15
1938	Failure of multiple critical fire safety systems	15	15	15	15	15	15
Finance							
2428	Failure to achieve Trust Control Target	15	15	15	15	15	15
2430	Capital loan financing	N/A	N/A	N/A	N/A	N/A	15
IM&T							
2343	The threat of the Trust's day to day operations being compromised by Cyber Crime	16	16	16	16	16	16
1891	Clinical incident due to use of incorrect patient record	15	15	15	15	15	15
Corporate Nursing							
1025	Challenges to achieve sufficient registered nurse recruitment & retention (previously ref. 0210)	16	16	16	16	16	16
Human Resources							

2399	Unable to deliver well led and capable workforce due to insufficient HR capacity	N/A	N/A	16	16	16	16

3.0 Actions ongoing

Divisional task and finish groups have been set up to review all risks on register but due to operational pressures little progress has been made. Work is continuing to ensure that mitigation is in place and progress of actions is timely. This includes the review of the risk score regarding consequences and likelihood. The chair of the Risk committee has asked that priority is given to high risks to ensure risk description, score and mitigation is correct.

The Deputy Director for Patient Safety along with the Risk and Patient Safety Manager will be continuing to support the divisions to work through and review all of the risks on the risk register to ensure all risks are correctly articulated and the risk scoring is consistently applied across the Trust.