Agenda Item No.18

NHS
The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Emma Hardwick Chief Nurse	Decision		High	Med	Low
	Discussion		√		
	Information	√			
LEAD MANAGER:			**BAF REFERENCES & RAG:**		
Ms Pauleen Pratt Interim Head of Risk and Governance	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: Trust Board in Public January 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 21 open critical risks scoring 15+.
- Since the last month:
  - 1 High risks have been downgraded to moderate
  - 1 risk has been increased to 16 from 12.
  - 1 risk has been added to high risks
- The following report shows high risks by service line.
- Work is commencing to review all risks on register with operational task and finish groups. This is including the rewording of risks to ensure they capture the key concerns and remove issues. Scoring is being reviewed with risk owners as some do not reflect the matrix of consequences and the descriptors.

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 21 open critical 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.

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.

20 risks are unchanged, 1 risk has reduced and removed from the 15+ list. 1 risk has increased to 16, this is related to Nurse staffing in the medical division and Terrington Nurse staffing has been added as a stand-alone risk at 20.

Current risks ≥15							
	Title	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Women & Children Services Group							
2296	Potential removal of GP trainees & FY2 junior staff in Obstetrics & Gynaecology	20	20	20	15	15	15
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
Med 1 + 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	n/a	n/a	16	16	16	16
2388	Lack of dedicated NIV facility on Necton ward	n/a	n/a	15	15	15	15
1038	Nursing clinical workforce - Division of Medicine	12	12	12	12	12	16
2419	Staffing levels on Terrington Short Stay	n/a	n/a	n/a	n/a	n/a	20
Surgery 1 + 2							
2400	Loss of Admissions Unit for Elective care	n/a	n/a	n/a	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	12	16	16	16	16
Cancer, Diagnostics and Therapies							
2353	Recruitment of Consultant Haematologist	16	16	16	16	16	16
Estates & Facilities							
392	Roof Integrity	16	16	16	16	16	16
1938	Fire Compartmentation & Fire Detection	15	15	15	15	15	15
2061	Maintenance of Fire dampers	15	15	15	15	15	15
Finance							
1029	Financial viability of the Trust (prev. ref. 0801)	16	16	16	16	16	16
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)	12	12	16	16	16	16
Corporate - Medical							
2399	Unable to deliver well led and capable workforce due to insufficient HR capacity	n/a	n/a	n/a	16	16	16

3.0 Actions ongoing

Divisional task and finish groups have been set up to review all risks on register and that mitigation is in place and progress of actions is timely. This includes the review of the risk score regarding consequences and likelihood.