

Corporate Risk Register - as of 01.02.18 (128)

D	Opened	Review date	Hospital	Business Unit	Speciality	Risk Type	Title	Description	Controls in place	Gaps in Control	Action Plan to Mitigate	Rating (Initial)	Rating (Current)	Rating (Target)	Handler	Manager	Notes
3518	15/10/2015	29/12/2017	Lincoln County Hospital	Clinical Support Services	Pharmacy	Clinical Risk	Isolator cabinets in Pharmacy at Lincoln County Hospital and Pilgrim Hospital	The isolator cabinets are 16yrs old at PHB and 13yrs old at LCH. They have a 10 yr life. We are unable to test them due to their age and therefore we fail the external EL (97) 52 aseptic audits to which the chief pharmacist and chief executive are accountable to the MHRA. The Pharmacy aseptic facilities are at risk of being closed by external auditors and MHRA due to failure of the EL (97) 52 external audits. If and when the cabinets fail we will not have any contingency for making chemotherapy for cancer patients, TPN for neonatal and adult intravenous nutrition, and antimicrobials for patients with compromised immune systems. We will therefore not be able to treat these populations of patients which would result in a loss of income. In addition to this we would fail to reach our KPI in specialist pharmacy services commissioned by NHS England. UPDATE: 20/01/2018 Currently all specifically prepared chemotherapy medicines are being made on the Lincoln site which has 2 suitable isolators. On Friday 15th January 2016 the cabinet handles on one of the isolators broke and required replacing. This was completed and the isolator was working. On Monday 18th January 2016 the isolator would not work meaning that all chemotherapy had to be made using the last remaining isolator. The failure was traced to an electrical failure of one relay on the motherboard. Interim remedial action got the cabinet functioning, however the relay still needs to be replaced at some point. One potential cause is an electrical surge. As of now we have 2 functioning isolator cabinets, however 1 still needs the relay replacing. We will have a replacement relay available on site from Wednesday 20th January 2016 and will schedule its replacement asap. The isolator was due a service in March. This will be brought forward and both the replacement and service carried out together. We will also look to getting surge protection installed for the 2 cabinets to mitigate against a future surge damaging one or both cabinets. If both cabinets fail we would be unable to make chemotherapy for our patients. Update 7th March 2017	We have the isolators regularly serviced. Update March 2017 Roof patched	Isolators need replacing to meet external audit standards. Update March 2017 Need report on remedial actions required for roof and floor at LCH	Funding is required to replace isolators. UPDATE: 03/12/2015 Pilgrim isolators have been decommissioned due to their age and deterioration of the integrity of the isolators. After a risk assessment was undertaken and approval from the Trust Board, Pilgrim Pharmacy work load has been transferred to LCH whilst work is undertaken to replace the isolators and improve the facilities at PHB. This increased work load at LCH means that the isolators there will be under greater pressure and the risk of the isolators failing increases. The isolators at Lincoln will be replaced once the work at Boston is completed. UPDATE: 14/01/2015 As above. Risk rating to continue the same. Although the risk of the Pilgrim isolators have been closed due to their decommissioning the risk of the Lincoln isolators still continues until they are decommissioned as well. Close monitoring of the isolators is in place to identify and address any issues. No issues identified so far. The expected deadline for the isolators to be decommissioned in Lincoln is August 16. Update 16th November 2016 Work on-going to replace isolators at PHB Update March 2017 ICP being updated. Exploring options to buy in more ready made and capacity at neighbouring units to buy product if required. Installation continuing at PHB - to escalate further delays to CSS business unit. Environmental monitoring to identify any adverse conditions	25	25		Rice, Sarah	Costello, Colin	Update SP 19th May 2017 Business Continuity Plan updated. Delays commissioning at PHB due to design issues with the isolator cabinets. Interim Chief Pharmacist CB discussing with manufacturer, awaiting an engineer to visit site to assess. Depending upon outcome there may be a financial impact to resolve. Delays have a financial impact due to additional staff travel from PHB to LCH and daily taxis to deliver chemotherapy to PHB, GDH and the chemotherapy bus. Update 14th July 2017 - Isolators at PHB require technical fix. Discussions with company have identified actions required. Awaiting manufacture of solution and installation. Estimate 2 weeks to manufacture. Once installed up to 3 months to commission units. S Priestley Update September 2017 - PHB Daily cleaning and microbial plating being undertaken. Update October 2017 - PHB Testing near completion, results due early November. Arranging QC visit mid November to review results. If all OK aiming to re-open Pilgrim unit at the end of November 2017. Then plan LCH shutdown.
3520	19/10/2015	02/02/2018	Lincoln County Hospital	Corporate Services	Estates	Corporate Risk	Fire Safety Core Risk - There is a risk the Trust cannot demonstrate statutory compliance to RRO - Harm to buildings & Occupants	There is a risk of harm to building occupants (including patients) caused by fire which would affect loss of facilities, services or injuries due to inadequate fire protection systems. There is a risk that the Trust cannot demonstrate statutory compliance in accordance with the Regulatory Reform (Fire Safety) Order 2005 (RRO).	Facilities Governance reporting to Trust Board Planned Preventative Maintenance PPM (Testing) Fire Risk Assessments Fire Training Fire Emergency Plans Capital Investment	Lack of compartmentation, lack of PPM upon mechanical and electrical infrastructure and passive fire protection. Failure to maintain fire safety. This includes: Fire alarms Fire extinguishers Fire Dampers Fire doors Emergency lighting Fire compartmentation Fire Emergency Plans Fire Risk Assessments Inadequate Fire Training Sustainable Fire Training Programme	Develop and update Fire Safety Policy and Procedures Development & Implementation of Fire Safety Action Plan to address enforcement notice number 29/2005/EN and 01/2508/EN Promote, plan and respond to issues in respect of fire safety Populate NHS/PAM, MiCAD compliance evidence database Management of resources, communication, training & skills Escalate significant issues through Trust formal governance systems Compliance with statutory, HSE and Fire Office Inspection / Regulatory requirements Awareness of roles and responsibilities Monitor compliance of 3rd party premises Maintenance and reporting of compliance records Resources Application to NHSI for additional capital and revenue support and deployment of Trust Estates Backlog Capital to mitigate risk	25	25	6	Davey, Keiron	Farrar, Chris	(02/01/2018 12:17-20 Vicky Dunderdall) Risk reviewed and updated 02/01/18 15/09/17 Risk Reviewed in the Risk Review Meeting. The risk scoring was increased to from 20 to 25 following the non-compliance in training as referred to in RRO 3935. 23/06/17 VD Fire Enforcement Notices have been received for Lincoln and Pilgrim with timescales attached to them ranging from 3 to 24 months for article 30 of the Fire Reform Act 2005. Action plans have been presented to the Chief Executive and FSD (Financial Service Improvement Delivery) as part of governance reporting and escalation. KD Review following recent fire at Grantham hospital, which required evacuation and relocation of approximately 30 patients due to smoke travel from fire in basement area. 4 significant electrical fires within 3 years resulting in major impact upon UoH, several minor fire related incidents (near miss), anticipated that a Catastrophic event has a potential to occur due to higher incidence of these events occurring. KD Fire Service have issued action plans for Grantham, Pilgrim and yet to be agreed Lincoln. These have time scales in which to complete the work. KD work continues in accordance with timescales issued by Fire and rescue. Theatre fire doors work has commenced at Grantham, with Lincoln and pilgrim following shortly after. survey has been undertaken of electrical cupboards at all 3 sites. tender package is being prepared for this work. following fire at pilgrim, kitchen compartmentation, is being reviewed and updated. Fire doors are currently being surveyed by independent company, fire risk assessments still remain to be updated and reviewed.
3896	02/06/2017	11/09/2017	Pilgrim Hospital, Boston	Pilgrim BU - Medicine	Gastroenterology	Clinical Risk	No GI Bleed Emergency On-Call Rota - PILGRIM	There is currently no service at Pilgrim Hospital	Medical On-Call take - Middle Grade Reg reporting any (suspected) GI Bleeds to central e-mail address monitored by Lincoln Gastroenterology. Lincoln Gastro On-Call Rota	0	0	25	Jacob, Koshi		25		11.08.17 JT - Melanie lies brought into Trust to facilitate/implement GI bleed rota at PHB. Initially meetings have already commenced with further discussion around PAN TRUST and individual Site rotas on-going.
3024	23/09/2013	29/12/2017	Lincoln County Hospital	Clinical Support Services	Pharmacy	Clinical Risk	No electronic prescribing system	UHHT does not have an e-prescribing system. Prescribing errors are currently detected by vigilance of pharmacy, nursing and medical staff. Applies to all sites within the Trust.	Chemotherapy and ICU at Pilgrim. have purchased e-prescribing systems - in processes of being set up. Short business case for an e-prescribing system to be re-visited and presented at ICT SG on 5.11.13	Prescribers should be using resources available to ensure prescribing is safe. Pharmacists and technicians will provide clinical support where possible.	Business case resubmitted 2014/15, awaiting outcome of capital program 2015/16. Update November 2016 - not prioritised for funding in 2016/17, to be put forward for the 2017 - 2019 (2-year +) capital plan. Update March 2017 - awaiting confirmation if capital funding agreed for 2017/18 Update July 2017 - Project manager funded and appointed to progress the business case and secure funding in 2018/19. Update September 2017 - Project manager working on updated business case and engagement events.	20	20		Rice, Sarah	Costello, Colin	Business case for funding was unsuccessful. New business case is being developed. On 23rd February 2015 there was a never event relating to daily administration of methotrexate due to a prescribing error. The mechanism to reliably prevent this re-occurring is to implement an electronic prescribing and administration system where rules could be set to prevent daily prescriptions and warning boxes in the administration element. 14th July 2017 - Funding for project manager agreed and post appointed. To further develop business case for IPB November 2017 and agree funding in 2017/18. S Priestley
3375	10/12/2014	29/01/2018	Lincoln County Hospital	Integrated Medicine - Lincoln BU	Accident and Emergency	Clinical Risk	There is a risk of excessive delays and overcrowding in ED LCH	This is caused by the lack of empty beds on the Lincoln Site, increased attendance of patients that require admission to an in-patient facility. This leads to a lack of trolleys to receive ambulance patients or patient self-presenting that need immediate treatment. Lack of cubicles to examine patients and provide privacy. Staffing resource inadequate to safely provide care to all patients. The assessment, diagnosis and treatment of patients is delayed. Supporting evidence is Failure to achieve 4 hour access target. Incidents submitted by staff regarding staffing Patient complaints regarding delays.	Escalation Policy Daily staffing review medical and nursing. Interim staffing uplift. Update 06/03/17 1. Ambulatory Service moved out to Alex Ward Jan 17 to create space for RAT Bay which allows ambulance offloading in a more timely manner. 2. Additional Striker trolleys approved Feb 17 at IPB in fully equip ED area for the clinical teams. 3. Flow Co-ordinators in place to support improvement clinical management oversight on shopfloor to mitigate risks. 4. SOP for Nurse in Charge and Emergency Physician in Charge to improve control.	Physical space constraints remain and ongoing requirement to maximise use of existing space	Update 06/03/17 1. Dedicated RAT bay with 6 spaces created. 2. Additional Striker Trolleys on order to fully equip RAT bays. 3. Cubicle converted to a seated majors lounge. at times of peak activity to maximise cubicle space and to support early offloading of ambulances. 3. Bay system of working implemented for medical and nursing teams to improve patient flow and ownership by the clinical teams. 4. Flow Co-ordinators recruited and soon to be fully established to improve clinical management of the department shopfloor. 5. Business Case discussed at IPB Feb 17 fully significant investment and uplift to medical and nursing staffing. Case referred to Trust Board for approval due to financial value (£2.2m). 6. 17/18 Capital Monies allocated to look at increasing resus capacity from spaces to 8 spaces. 7. Emergency Medical Floor Plan to be worked up during 17/18 which will provide a 5 year plan for ED.	20	20	12	Hansford, Karen	Flynn, Dr David	(02/01/2018 09:09-20 Gabrielle Hough) 29/12/17 - update from L Vickers - GP Streaming Building Scheme completed on time for streaming element with some residual work to complete the ED for changing facilities and gents waiting area. GP streaming numbers remain good. RedGreen Process for Medicine revised now to include a twice a week deeper dive process focussing on discharge planning now in place and improving medical flows. Full Capacity Protocol utilised most mornings to decompress ED by releasing cubicles taking bed waits out of the department where possible. 22.11.17 - update from L Vickers - GP streaming embedding well with 15-20% of patients being streamed to the GP Streaming Service now. ED Building Scheme incorporating paediatric waiting room environment upgrades remains on track and due to complete on 18/12/17. 11.10.17 - GH updated with L Vickers - new GP streaming service commenced 27.09.17 with a plan to stream 20-30% of patients out of ED to GPS which will further reduce the volumes of patients within the department. Building work commenced 02.10.17 to expand the GP streaming area with increased waiting area space. 13.09.17 - GH updated with L Vickers - new medical rota for middle grades implemented July 2017 which has increased day time medical staffing to better match capacity to demand. This should help reduce the number of patients waiting in the department. Full Capacity Protocol has been agreed by Trust to be used to decompress ED - policy permits a ward with an identified definite discharge to take plus one for a limited period of time to release beds and improve flow in ED. Risk is not solved but better managed. L Vickers to discuss whether risk can be downgraded. Update 08.08.17 - GH meeting with LV - following business case for increased medical and
3431	07/04/2015	01/12/2017	Lincoln County Hospital	Corporate Services		Strategic Risk	Nurse staffing levels	UHHT faces a challenge to recruit suitably qualified personnel (registered practitioners) to maintain staffing levels to deliver appropriate levels of care.	Daily Red Flags reported Daily reviews and redeployment (including deployment of specialists) Weekly bank / agency usage meetings Monthly staffing reports to the Board Daily staffing/ bed meetings Workforce planning (mandatory and non-mandatory) Executive support to the cancellation of training Use of bank and agency nursing Recruitment policy and procedures workforce development and planning Staff roster managements	Impact on staff, high absenteeism and sickness levels Impact on agency spend where agency shifts are covering vacancies Weakness in controls and audits Weakness in follow-up activities e.g. investigations Financial Planning Workforce planning Timely workforce redeployment	Recruitment Action plan Recruitment days/events Bank incentive schemes Implement cohort recruitment plans Continue development of the option for Emergency staffing templates for staffing levels - suitable and sufficient risk assessment to be carried out per Ward. Explore feasibility of Annualised hours and other flexible working contracts. Re-deployment of non-ward based clinicians to carry out clinical work on Wards during periods of staffing shortfalls rather than agency Explore new models of working and new roles e.g. Nursing associates. Develops career pathway into nursing options using apprenticeship framework Continue to bid for SafeCare live funding	15	20	9	Bates, Debrah	Rhodes, Michelle	06/05 - Risk reviewed - still @15 - DAQ 18/05 - Reviewed at 10 Meeting - view by Chief Nurse that consequence should be amended. Incidents relating to staffing are increasing in severity of consequence. 26/08 - Reviewed prior to RVG - no change - Review date set to 28/09 - DAQ 9/2/16 - discussed at Surgical BU meeting. No change. To remain on RR. 27/04/16 - Review - no change 09/11 - Reviewed - no change
3441	21/04/2015	09/02/2018	Lincoln County Hospital	Integrated Medicine - Lincoln BU	Cardiology Physiology	Clinical Risk	There is a risk that the cardiology physiology department staffing being significantly under establishment	This is caused by vacancies and sickness. It could lead to the delay in test reporting and investigations for patients. On completion of an establishment tool Lincoln cardiac physiology is understaffed by: Physiologists = 54 hrs (WTE 1.44) Assistants = 23 hrs (WTE 0.62) This is to carry out their present workload. As a result there is a 2 month backlog in reporting for all tests and a delay in completing echo for in-patients. review 6th oct 16 Currently, 2 staff phased return from LTS. Short term sickness an issue (7.5%). Currently 2 b6 and admin and numerous admin gaps (vacancies and sickness). Demand increasing across Trust.	Locum cover at weekends to ensure waiting times for out patients and in-patients are kept as short as possible. Skill mix review for clinical staff introduction of an admin team 13/10/15 - Admin staff vacancy amounts to 50% of the total staff. RAD declined but situation escalated to Michelle Rhodes on 12/10/15. Unsuccessful in recruiting to band 6 post at Pilgrim, found funding for a Band 7 post which is going out to advert. 10/12/15 - Recruited to the band 7 post at Lincoln. Concerns remain about the overall staffing due to the findings of the establishment tool. Business case required to resolve. 6th October 16 - staff returning from work LTS, short term absence being managed, vacancies being recruited, business case being drafted, locum still required (cost pressure) Update 09/03/17 Current vacancies reviewed and funding re-allocated to ensure posts which will provide maximum benefit are funded and out to advert. Long-term sickness absence managed and a plan in place. Some of hoc locum usage remains in place.	Update 09/03/17 1. Business case to address skill mix and staffing numbers to be completed by end April 17. 2. Current resources redirected to address most significant issues whilst longer-term solution being worked up. 3. Vetting of referrals to ensure demand management in place where possible. Update - 31/7/17 1. Business case - approved - staff currently being recruited 2. Locum cover still sporadic and reliant on ad hoc bookings 3. Agency budget continues to overspend due to staff recruitment lag. 4. In patient service currently staffed by locum staff. 5. Diagnostic target at risk due to staff shortages Update 24/04/17 1. First business case for additional 7.5 wte staffing to IPB April 17 - requires separate further discussion with DOR. 2. Short-term agency cover in place to mitigate gaps. 3. Ongoing significant risk in relation to staffing levels and waiting times that cannot be mitigated without approval of business case.	20	20	6	Medlock, Vicky	Chanry, Chris	(09/01/2018 15:22-09 Michael Foreman) 09/01/18. Discussed in TW cardiolg. Risk remains the same. MF (02/01/2018 09:10-03 Gabrielle Hough) 29/11/17 - update from L Vickers - BA Cardiac Physiologist Manager Clinical Post advertised and closed. Shortlisted 2 external applicants with interviews planned for January 2018. Capacity & Demand work reviewed in December as planned and final draft of Business Case will now be undertaken during January 2018. Temporary additional capacity put in place in December 2017 with Cardiac Physiologists undertaking extra duties to support the reduction of the backlog of echo patients waiting. 22.11.17 - update from L Vickers - BA Cardiac Physiologist Manager Clinical Post will go to advert this week. Consultant Echocardiographer due to commence Jan 18. Agency long-term locums remain in place. Capacity & Demand Work and workforce review has been completed and data gathered to inform a business case. Meeting of management team with CD to be held 22.11.17 to review data prior to business case draft. 11.10.17 - GH updated with L Vickers - BA Department manager retired at the end of September and will return part time in November. Post is to go out to advert for substantive recruitment. 3 long term locums have been booked and there are 2 shorter term locums in place covering gaps. Work continues to finalise the Business Case. 13.09.17 - GH updated with L Vickers - awaiting decision on Business Case - plan remains the same - no further update 08.08.17 - GH updated with LV - business case for uplift of staff from Band 6 to Band 7 has been approved and recruitment has started. Agency cover still in place. Staffing expansion Business Case to go to IPB September 2017. 17/7/16 - Locums are being continued into August. 04/01/2018 the situation was discussed at Dec 18th performance review. NE and LX to ascertain evidence of incidents reported to justify the score of 20. For further discussion at Jan performance review. 12/10 - title amended to reflect risk following risk summit at Royle Eye clinic - 07/10 PH - please can you discuss with the clinical team regarding a plan to address the issues identified LX 11.10.16 18/5/17 The proposed works to address this issue are now out to tender. the project is being managed for LHHT by Mark Rigger and Globe Architects. 04/08/17 - as yet no funding is available for remedial works required. 27.08.17 - please review the risk, and provide update as to actions taken, including discussion and escalation of risk. LX	
3488	03/08/2015	31/10/2017	Pilgrim Hospital, Boston	Pilgrim BU - Surgery	Ophthalmology	Health and Safety	A risk to patient safety caused by a lack of space/capacity and subsequent overcrowding in Royle Eye Department	This is because there is insufficient space within the Ophthalmology department to accommodate the numbers of patients and their accompanying relatives. This leads to an increase risk in patient safety. There is a risk of patients fainting or falling due to no seats available. A lot of patients are frail, elderly and standing for prolonged periods of time increases the risk for potential falls. Overcrowding increases the risk of collisions between people, people and wheelchairs and wheelchairs and trolleys. Patients enter the department in electric mobility scooters which are often large and block access.	Patients are directed to wait in main OPD waiting area and escorted to Eye Department in cohorts. Relatives are asked to remain in main waiting area. Dermatology rooms are used on Thursdays.	1. insufficient space for additional seating. 2. poor temperature control/ overheating 3. insufficient space to accommodate wheelchairs 4. insufficient space to avoid collisions	1. provide more space and seating. 2. provide air conditioning 3. provide wheelchair parking. 4. provide sufficient space for people to safely move about the area	20	20	8	Moore, Danielle		04/01/2018 the situation was discussed at Dec 18th performance review. NE and LX to ascertain evidence of incidents reported to justify the score of 20. For further discussion at Jan performance review. 12/10 - title amended to reflect risk following risk summit at Royle Eye clinic - 07/10 PH - please can you discuss with the clinical team regarding a plan to address the issues identified LX 11.10.16 18/5/17 The proposed works to address this issue are now out to tender. the project is being managed for LHHT by Mark Rigger and Globe Architects. 04/08/17 - as yet no funding is available for remedial works required. 27.08.17 - please review the risk, and provide update as to actions taken, including discussion and escalation of risk. LX

3498	28/08/2015	20/12/2017	Lincoln County Hospital	Corporate Services		Clinical Risk	There is a risk of non compliance with initiation and completion of sepsis bundle leading to potential patient harm	Rates of Sepsis remain high nationally with failure to screen increasing potential patient harm, reputational harm and increased bed utilisation. ULHT Sepsis Audit data demonstrates failure to adhere to organisational policy for sepsis screening and management	<ul style="list-style-type: none"> *Sepsis Nurses at Lincoln and Pilgrim, visit Grantham one day a week *Sepsis nurses delivering on-going training to staff *Sepsis Boxes in A&E and emergency admission wards Plan to roll out to all wards by Sept 2017 *Sepsis E-Learning for all front line clinical staff *Sepsis Bronze/Silver/Gold training for staff *Sepsis Workbook for frontline staff *Sepsis Audit completed by sepsis nurses and results disseminated weekly *Sepsis e-Bundle being rolled out to all wards. Plan in place and to be rolled out by July 2017 *FGD developed for staff to administer IVAB *Sepsis Webpages developed for staff *Sepsis Screensavers to communicate to staff the importance of screening and administering of sepsis 6 within 1 hour *Sepsis Coding Audit was completed as part of 2016/17 CQUIN. Good and poor practices have been identified. Quarterly report submitted to the sepsis committee. *Patient information leaflets have been developed and posters will be displayed on all wards / departments * Paediatric and maternity sepsis bundles developed 	<ul style="list-style-type: none"> *Failure to follow the agreed sepsis screening tool and implement the bundle at an individual patient level with at present no effective safeguard in place to highlight when that care hasn't been delivered in a timely fashion The compliance data is demonstrating an improvement since the introduction of the sepsis practitioners and various work streams developed to improve sepsis compliance. Currently achieving greater than 90% for screening and greater than 80% for administration of IVAB and sepsis 6 for patients in A&E and emergency admission units so the risk has reduced. We are implementing the sepsis eBundle and this will enable 100% of all patients scoring a new NEWS of 5 or more will be audited which may demonstrate a deterioration in compliance. The gaps have reduced due to the controls that have been put in place. 	<ul style="list-style-type: none"> *As outlined in existing controls with continuous improvements and cultural change. Sepsis eBundle to be implemented and non compliance will be escalated as this will enable 100% audit of all patients requiring sepsis screening and if appropriate the sepsis 6 being delivered within 1 hour. Milestone plans developed and these are monitored by the sepsis committee and CQC. IRIs will be completed when sepsis bundle not initiated when required and IVAB not administered within 1 hour. Harm reviews are also going to be implemented if patients are admitted to ICU or pass away. 	16	20	4		Wolverson, Dr Adam	Hepburn, Dr Neill	<p>20.11.17 - Update from K Foster (Sepsis Practitioner) Compliance with screening and IVAB within the hour continues to improve across the trust. All adult admission and inpatient areas now live with eBundles and eBundles, with the exception of Lincoln A&E who should be going live before the end of Nov. Issues with timely admission of patients to web causing some skewing of data within Pilgrim and Grantham A&Es but this is being addressed and once Lincoln live we should be able to utilise 100% of data for audit purposes moving away from the 50/50 we do per month at present. Target early next year for this. Maternity eBundle goes live first week in Dec and Paediatric eBundles in development. GGD has been pulled due to lack of Micro support which negates needs for Sepsis Boxes and Gold Guardians at present. Monthly reviews being conducted in each area of every missed/incomplete screen or bundle, allowing for identification of training needs and areas of focus. Harm reviews for ICU admission or death.</p> <p>12.09.17 - update from B Gallen - eBundle went live on all adult inpatient wards however there are some issues with the data which we are validating. Lch A&E going live in Nov (all other A&E live). Currently developing maternity and paediatric sepsis eBundles. Harm reviews being undertaken. Matrons review compliance as part of their ward assurance.</p> <p>6/07/2017 The action plan was reviewed and no updates required.</p> <p>23/05/2017 The risk grading is to be reduced as agreed with the handler however we need to confirm with the handler the new risk score when he returns from A/L.</p> <p>19/5/17 Reviewed at Sepsis Group on 5th May 2017. Further clarity required from Sepsis Lead (Adam Wolverson) around appropriateness of current score.</p> <p>29/3/17 - Remove attachment as it no longer reflects the position and I will query whether we</p>
3532	09/11/2015	29/01/2018	Lincoln County Hospital	Integrated Medicine - Lincoln BU	Accident and Emergency	Clinical Risk	Patient safety / experience risk within A&E due to shortage in middle grade staff and high agency use	A&E rotas are not fully staffed by ULHT full time middle grades. Currently 9/11 slots are covered by agency locums. Expect risk to: <ul style="list-style-type: none"> SOD FFF Trust reputation Business Unit overspend 	<ul style="list-style-type: none"> The recruitment of 2 CESR posts has commenced, rolling adverts for middle grades. Review of ACP role in ED underway with proposal to increase ACP numbers. This is on a rolling advert and recruitment to accordingly. Update 06/03/17 1 x CESR Doctor commences March 17 2 Agency Locums secured on 3 month booking to maintain some stability. 1 x GP in ED recruited and due to commence June 17 	<ul style="list-style-type: none"> 2 CESR posts not yet recruited for middle grades. Lack of junior middle grades in ED underway with proposal to increase ACP numbers. This is on a rolling advert and recruitment to accordingly. 	<ul style="list-style-type: none"> Aug 2016 1. Action taken by the Trust to see assess Trust-wide picture. Following assessment decision taken to reduce the opening hours at GDH A&E in order to release middle grade hours to support a safer Lincoln A&E rota. Risk assessed as reduced back to 20 by action taken. Update 06/03/17 2. 3 month agency bookings being made in order to maintain stability. 3. Recruitment to CESR posts continues with a CESR paper going to the board covering trustwide principle in April 17 (led by P Hogg at Boston). 4. Meeting with ECP and Ed March 17 to discuss support with recruitment. 5. LV to meet Kathy Mitchell to discuss what help Experts can give with recruitment 24/04/17 1. Board recommendation to continue GKH closure to support LCH rota. 2. May 17 ECP visit to discuss recruitment. 3. Consideration of non-ED staff backfilling proportion of the ED rota - Workshop event booked for 28/04/17. 4. ACP's continue to support ED rota gaps where appropriate. 	15	20	12		Fynn, Dr David	Vickers, Lisa	<p>02/01/2018 09:10:44 Gabrielle Hough 29/12/17 - update from Vickers - International recruitment work continues with arrangements being made to bring candidates over for clinical attachments to sign off their English competence. Recruitment to additional 2 Consultant Posts to commence in New Year with funding available from April 2018.</p> <p>22.11.17 - update from L Vickers - Circa 22 CV's reviewed and Skype interviews undertaken. 5 offers given to Middle Grade Doctors via the SELR route (English language sign-off route - with clinical attachments) from the first set of interviews, 1 offer from the second and 2 from the third round of interviews. Whilst this will be a protracted process of bringing staff into the country for attachment and sign off then obtaining VISA's prior to start date, this will provide a feed of permanent staff for the department to support the middle grade tier. Further discussions are also taking place with the ACP's regarding their clinical strategy and where their future role lies within the ED workforce.</p> <p>11.10.17 - GH updated with L Vickers - recruitment plan still in place. David from HR has started sending through potential CV's to the directorate for review. Work continues to recruit to middle grade vacancies.</p> <p>13.09.17 - GH updated with L Vickers - all on track, locum consultants are now NHS consultants so all 7 consultant posts are filled. The Directorate is working with David from HR who has links to 3 external agencies specialising in permanent recruitment and is working on collecting CVs for middle grades which will be reviewed with a recruitment drive in mind. 3 current middle grades have been secured on long term bookings which is helping with continuity and safety. Trust Board have agreed an investment of 2 further consultant posts and 3 middle grade posts however cannot be filled using agency.</p> <p>08.08.17 - GH update with LV - board recommendation to continue Grantham ED overnight closure for another 3 months. New GP in A&E post commenced 14.06.17. New consultant</p>
3538	13/11/2015	31/01/2018	Grantham & District Hospital	Grantham	Orthodontics	Medical Device Risk >5K (Capital)	Replacement of dental xray equipment GDH	The current processing equipment requires the use of dangerous chemicals, presents confidentiality risks and does not allow the exchange of dental X-rays in a practical manner. The manual system has been superseded by digital X-rays. 3 units identified @£10k each. GCE13132 first.	<ul style="list-style-type: none"> Cossh controls in place. Some work to do to get the detail correct including the operational management / change that is likely. CHEMICAL CHANGES REGULARLY 	NO FUNDING CURRENTLY AVAILABLE	0	15	20	1		Bailey, Steve	<p>4/1/18 SR and mh requested to review.</p> <p>20/12/2017 09:12:45 Gabrielle Hough updated from MDG 19/12/17 - £30k funding allocated - procurement process underway</p> <p>Discussed on the 27/11/2017 Group of people needed to visit a dentist to see equipment in use at a practice or a hospital.</p> <p>David Platter from Radiology attended meeting, money secured, finding an appropriate system to use. Update at next meeting.</p> <p>Risk discussed at Gov, on 10/08/2017 update below. To be reviewed and discussed on 12/09/2017.</p> <p>Updated 04/08/2017 Hi Lisa</p> <p>Just to update you on the situation with the digital x-ray</p> <p>We are out to tender at the moment for three new digital x-ray machines and three digital processors.</p> <p>Thanks</p> <p>Alison</p> <p>Alison Cook</p> <p>Team Leader Dental Nurse</p> <p>STEVE BAILEY UPDATED 22/05/17</p>	
3687	23/05/2016	02/02/2018	Lincoln County Hospital	Corporate Services	Facilities	Strategic Risk	Estates Strategy and Transformational Change Core Risk	Lack of health community clinical strategy prevents the development of a comprehensive estates strategy. This inhibits the efficient utilisation and development of the built asset. The Trust's non clinical occupancy is 53% against a recommendation from Lord Carter of 2017 of 35% and under utilised space recommendation from Lord Carter of 2.5% against the Trust's position of 19%	<ul style="list-style-type: none"> Land and property disposal strategy in development. ERIC data review on going Space Utilisation Policy in use Digitisation of drawings Identification of age and condition of estate enabling planned investment and dis-investment 	<ul style="list-style-type: none"> Lack of health community clinical strategy. Lack of awareness of cost of space to the user / service and assumption that the Trust has space readily available and fit for purpose 	<ul style="list-style-type: none"> Develop, Review and implement Estates Strategy including ERIC and Lord Carter Continued development and implementation of premises assurance model (NHS PAM) Develop land and property strategy Manage critical infrastructure risk (CRi) and backlog maintenance quantification Continued development of Estates, Tenier, Leases and Property Management (SLA's) LHAC, One public estate and Trust clinical strategy relationship Retail and commercial review Overly Trust Capital Plans into Estates Strategy 	16	20	6		Hall, Mrs Claire	Farah, Chris	<p>05/01/2018 10:53:50 Vicky Dunderdale 05/01/18 Risk reviewed in the Estates Strategy & Transformational Change Working Group. Risk score increased to 20 following the increase of risk ID 3924</p> <p>02/01/2018 12:43:39 Vicky Dunderdale 02/01/18 risk reviewed</p> <p>12/12/17 Risk reviewed in the Estates Strategy & Transformational Change Core Working Group. Risk score increased was increased to reflect the highest scored risk within the Estates Strategy & Transformational risks.</p>
3688	23/05/2016	05/09/2017	Lincoln County Hospital	Corporate Services	Facilities	CQC compliance risk	There is a risk of non-compliance Patient Environment - Estates and Facilities Management Quality	Non-compliance with NHS Constitution rights. Annual PLACE audits reported nationally which identified short comings in level of service and building quality. CQC and TDA inspections.	<ul style="list-style-type: none"> Robust defect reporting system which prioritises critical issues within available resources. Introduction of cleanliness audit system that integrates with the Estates helpdesk. 	<ul style="list-style-type: none"> CQC Action Plan to be developed to improve Environments following 2016 CQC inspection. 	<ul style="list-style-type: none"> Premises Assurance Model (NHS PAM) Monitor compliance of 3rd party Training and development PLACE processes CQC Compliance records - Action Plan being implemented through capital programme 	20	20	9		Hayden, Mr Ian	Boocock, Paul	05/09/17 Risk Reviewed by the EFM Patient Environmental Core Working Group
3762	24/08/2016	08/01/2018	Pilgrim Hospital, Boston	Clinical Support Services	Choice, Access and Booking	Health and Safety	Lack of adequate storage capacity for Health Records casenotes within Health Records and Medical Secretarial workplaces.	There is a continuous backlog of patient health records awaiting return to Trust. Health Records libraries for filing. Health records are now 'held up' currently in wards, secretarial offices and areas, service departments, portering transport, and hospital corridors. Results in compliance issues against H85 Improvement Order (PHB), Health Records Code of Practice and CQC Essential Standards, and additional stress for staff.	<ul style="list-style-type: none"> 1. Daily Space Utilisation Review following HSE Guidance 2. Health & Safety (Site and Trust committees) Escalation 3. Trust-wide Communication & Awareness raising 	<ul style="list-style-type: none"> Designate controls in place there will be a requirement for ULHT Space Allocation programme to consider the application for space that was made in October 2016 Currently due to HSC guidance health records have a set number of boxes that they can repatriate to the department to ensure the department is safe this however puts risk into other areas of the site. 	<ul style="list-style-type: none"> Submission of space allocation request to Estates at PHB for additional pre-filing E32K has been allocated to Health Records for storage issues to be dealt with. Anticipated resolution Dec 2017. Currently we (team leaders) risk assess on a daily basis areas of risk outside of Health Records and repatriate from highest risk areas. 	20	20	8		Sharpe, Mrs Dianne	Lalloo, Yavenscha	<p>18/12/2017 11:16:15 Gabrielle Hough 17/12/17 - updates moved to Notepad from Action Plan to Mitigate section for clarity on risk development</p> <p>07/12/17 05 - Decision has now been made for the Health Records additional accommodation to be in the Day Room in the old Stroke Unit. New plans have been drawn up and are displayed both in Health Records Dept. and the Old Stroke Unit. The agreed timescale for completion is 31st March 2018.</p> <p>07/12/17 05 - client brief for proposed build (external to current secondary Library) sent to Steve Cook on 6/9.</p> <p>03/08/17 06 - Accommodation issue to be escalated to Mark via Steve Cook who is providing the necessary info.</p> <p>20/07/17 05 - E-mail received from S Cook to say "The budget cost is prohibitive within the current allocation although we are looking at ways of reducing the build cost and enquiries are being made in an attempt to seek alternative monies on the basis that we believe this will be a better long term solution". We are now waiting for an update from Ian Hayden.</p> <p>27.6.17 - GG updated Di Sharpe met with estates last week. Looking at 2 proposals submitted. 2 options gone off to do costings. Will hear back 10th July.</p> <p>05/05/17 awaiting evidence of daily assessment impact on other areas of the Trust. GG to</p> <p>18/12/2017 11:23:02 Gabrielle Hough 16/12/17 - Update X1 Matron - Due to recruitment successfully we now have 2.98 WTE have two staff on mat leave to discuss with HDN in regards to if this can now be removed from risk register or down graded will update when confirmation</p> <p>Risk reviewed 11.11.16 - BS vacancy remains high at 8.4 WTE. HCSW vacancy is 3.1 LK.</p> <p>23/01/2017 - Risk reviewed with LK - reduce risk score to 12.</p> <p>16.02.16 Risk scored changed to 16 (not 12). When I met with AQ I reviewed score from 20-16, not to 12. The ward has a 39% registered nurse vacancy. New wave of working plan came into place on 13.02.17 as Associate Nurse has now started training. Risk score reviewed to 20 - the risk recorded is around the number of permanent staff available (it is recognised there is a bank /agency staff to support the ward), and given we have a CQC compliance notice for Pilgrim staffing, and it is our highest risk on a daily basis. I have increased the score to 20. 15.02.16 I have put a 3 month review date as it is unlikely this will have changed in the next few months. LK</p> <p>Risk remains the same due to current vacancy level. LK 10.04.17</p> <p>21.06.17 Pilgrim site now linked to external recruiting agency Sterling Cross who are targeting specific nurses re working at PHB. LK</p> <p>24.08.17 Risk remains as 20. Current registered vacancy of 7.2 band 5, 1.0 off sick and 1.0 on mat leave. Equates to 9.16 registered nurse absence which is 38% absence of registered nurse establishment. This will be discussed at clinical cabinet on 1 September 2017. Sterling Cross agency recruitment process unsuccessful. LK</p>
3796	12/10/2016	11/12/2017	Pilgrim Hospital, Boston	Pilgrim BU - Surgery	General Surgery	Clinical Risk	There is a risk of reduced shift levels for Registered Nurses on Ward 5A	<ul style="list-style-type: none"> This is caused by vacancies and sickness. This could lead to an increased likelihood of harm to patients and reduction in staff morale. The ward currently has a gap of 35% of registered nurses. 8.4 unavailable of work of establishment of 23.98. 	<ul style="list-style-type: none"> Band 7 in place providing accessible and visible leadership E rostering policy Absence management policy Matron sign off for each roster Senior presence on site 24/7 in form of Matron or SDM Operational Matron in place daily (mon - fri) who has overview of the site, moving and redeploying staff, where possible to maintain safety of numbers and skill mix Bank and agency availability Matron visits ward daily (mon - fri) Agreement for overtime where required Weekly Nursing and Midwifery & allied Health Professional meetings weekly led by DON Overseas recruitment programme in place Band 4 AP has been seconded to the ward from the Bostonian. Colorectal CNS now working one day per week on the ward to support the team. 	<ul style="list-style-type: none"> Ward Sister is working predominantly clinically in order to facilitate and provide patient care. This has an impact on her ability to undertake her management role effectively and in a timely manner. This could also impact on her ability to produce a timely and effective e-roster, with a further impact on the inability to manage staff in accordance to the managing attendance policy. Despite having bank and agency availability there is a risk that unfilled shifts remain unfilled due to lack of available staff. Overseas recruitment plan is lengthy 	<ul style="list-style-type: none"> Where possible the ward sister will be supervisory in order to undertake her management role, however patient care is the priority and will always be the sisters priority on the daily basis. This is risk assessed on a daily basis by the matron who liaise with the operational matron to redeploy staff where possible. Permission given by DON to block book agency staff to help with the fill rate and continuity of staffing. 21.06.17 Pilgrim site now linked to external recruiting agency Sterling Cross who are targeting specific nurses re working at PHB. 	20	20	8		Harwood, Mrs Kelly	Keddie, Linda	<p>05/05/17 awaiting evidence of daily assessment impact on other areas of the Trust. GG to</p> <p>18/12/2017 11:23:02 Gabrielle Hough 16/12/17 - Update X1 Matron - Due to recruitment successfully we now have 2.98 WTE have two staff on mat leave to discuss with HDN in regards to if this can now be removed from risk register or down graded will update when confirmation</p> <p>Risk reviewed 11.11.16 - BS vacancy remains high at 8.4 WTE. HCSW vacancy is 3.1 LK.</p> <p>23/01/2017 - Risk reviewed with LK - reduce risk score to 12.</p> <p>16.02.16 Risk scored changed to 16 (not 12). When I met with AQ I reviewed score from 20-16, not to 12. The ward has a 39% registered nurse vacancy. New wave of working plan came into place on 13.02.17 as Associate Nurse has now started training. Risk score reviewed to 20 - the risk recorded is around the number of permanent staff available (it is recognised there is a bank /agency staff to support the ward), and given we have a CQC compliance notice for Pilgrim staffing, and it is our highest risk on a daily basis. I have increased the score to 20. 15.02.16 I have put a 3 month review date as it is unlikely this will have changed in the next few months. LK</p> <p>Risk remains the same due to current vacancy level. LK 10.04.17</p> <p>21.06.17 Pilgrim site now linked to external recruiting agency Sterling Cross who are targeting specific nurses re working at PHB. LK</p> <p>24.08.17 Risk remains as 20. Current registered vacancy of 7.2 band 5, 1.0 off sick and 1.0 on mat leave. Equates to 9.16 registered nurse absence which is 38% absence of registered nurse establishment. This will be discussed at clinical cabinet on 1 September 2017. Sterling Cross agency recruitment process unsuccessful. LK</p>

3797	12/10/2016	18/12/2017	Pilgrim Hospital, Boston	Pilgrim BU - Surgery	Vascular Surgery	Clinical Risk	There is a risk of reduced Registered Nurse Staffing Levels on Ward 5B	This is caused by vacancies and sickness. The staffing levels currently pose a risk of increased harm to patients, staff morale, training and education appraisal rates and reduced time for the ward sister to undertake management role. The ward currently has a gap of 21% of registered nurses. 4.93 unavailable of work of establishment of 23.18. No vacancies at Band 2 level	Band 7 providing accessible and visible leadership to the team 6. rostering policy 7. absence management policy Matron sign off for each roster Senior presence on site 24/7 in form of Matron or SDM Operational Matron in place daily (mon - fri) who has overview of the site, moving and redeploying staff, where possible to maintain safety of numbers and skill mix Bank and agency availability Matron visits ward daily (mon - fri) Agreement for overtime where required Weekly Nursing and Midwifery & allied Health Professional meetings weekly led by DON Overseas recruitment programme in place	Ward Sister is working predominantly clinically in order to facilitate and provide patient care. This has an impact on her ability to undertake her management role effectively and in a timely manner. This could also impact on her ability to produce a timely and effective e-roster, with a further impact on the inability to manage staff in accordance to the managing attendance policy. Despite having bank and agency availability there is a risk that unfilled shifts remain unfilled due to lack of available staff. Overseas recruitment plan is lengthy	Where possible the ward sister will be supervisory in order to undertake her management role, however patient care is the priority and will always be the sisters priority on the daily basis. This is risk assessed on a daily basis by the matron who liaise with the operational matron to redeploy staff where possible. Permission given by DON to block book agency staff to help with the fill rate and continuity of staffing. 21.06.17 PHB has commenced a one month period with an external recruiting agency Sterling Cross which is providing support and help to recruit to the vacancies. Commenced 08.06.17	20	20	8	Harwood, Mrs Kelly Keddie, Linda	18/12/2017 11:25 Gabrielle Hough 16/11/17 - Update from KH Matron New recruit from overseas Have successfully had two HCSW obtain place on TNA however, have asked if we can support these and aware this will be two registered nurse positions however feel this can be supported await confirmation from DODN and HON New starters very successful and progressing well APS support in registered nurse vacancy supported by registered staff Rota excellent management 11.11.16 Registered nurse vacancy remains high at 4.93 05 which is 21% of registered nurse establishment UK 23/01/2017 - Reviewed with UK - reduce risk score to 12 due to mitigations in place 16.02.16 When I reviewed with ADI I agreed to reduce current risk to 16, not 12. I have increased this to 20 today as our highest risk on the site is the lack of permanent staff on our wards and we have a CGC compliance notice for the site due to staffing concerns, the ward currently has a 36% registered nurse vacancy, and it is recognised we have daily bank/agency staff to support the teams, but the real risk is the lack of permanent staff available to work. I have put a 3 month review date as it is unlikely this will have changed in the next few months. UK 21.06.17 21.06.17 PHB has commenced a one month period with an external recruiting agency Sterling Cross which is providing support and help to recruit to the vacancies. Commenced 08.06.17 UK 10.04.17 Risk score remains the same due to on going vacancy levels 24.08.17 Risk score remains high at 20. Registered nurse vacancy of 5.37, giving 40% registered nurse vacancy against establishment. 2 staff nurses about to be interviewed, and 1 further offered post pending HR. Sterling Cross agency recruitment process unsuccessful. UK	
3818	22/11/2016	11/09/2017	Pilgrim Hospital, Boston	Pilgrim BU - Medicine	Endocrinology/Diabetes	Clinical Risk	Podiatry patients not being seen in a timely manner against NICE guidelines.	This is caused by the lack of consultants and podiatrists. The effect of this is a delay in diagnosis, clinical deterioration and unable to avert a foot amputation due to lack of clinic slots	Podiatry only doing weekly clinics but should be every 24 hours. To be raised at Patient Safety Meeting.	Another consultant and podiatrist required to run another foot clinic on top of the existing two clinics it is ESSENTIAL for the diabetic foot team to have in house podiatrist (who is the main person) to run the show	Dr Azhar Rizvi (Clinical Fellow) to cover some cancelled clinics, overbooking where possible	20	20	10	Thomas-Thompson, Mr Jonathan Coulson, Emma	11.08.17 JTT - 4th Consultant post now approved. JD being approved by Royal College. Business case includes additional Registrar and Podiatrist to support service needs. NHS Locum Registrar post being advertised currently - KJ has potential candidate already.	
3840	26/01/2017	28/02/2018	Lincoln County Hospital	Clinical Support Services	Endoscopy	Clinical Risk	Endoscopy Security	Concern raised about the security of Endoscopy following what looks like an attempt to enter the unit last night via a side window. Theft of Endoscopes has been occurring. Nationally and equipment sold abroad this occurs it will mean a break in service delivery to ensure patients are safely managed, failure to meet waiting targets meaning delays in patient diagnosis and the impact will be detrimental to patient outcome 14th December 2017 - Alarm System not working due to replacement Battery being needed Job raised with Facilities on 4/12/17 - Facilities reviewed and Battery needed. Email sent from Mark Chester Estates not desk facilitator on 8th Dec to Rick Mather, Mark Newbert, William Goswing, Stuart Brown and Robert Drabble asking for them contact him or Change Nurse Lews with update - no reply received. Alarm still not working and new battery still not in situ. This increases the Endoscopy Risk if a break in occurs and is not detected. If scopes are stolen or any vandalism occurs then ULHT will have no On Call Emergency aided Service so will be unable to treat emergency GI bleed sufferers as well as being unable to conduct day to day business. This will lead to extensive breaching of RTT Targets, Cancer Targets and potential patient harm, morbidity and mortality	1. Department staff made aware of risks and actions to be taken. Completed 2. Door onto main hospital followed up to estates for repair. Completed 3. Request estates be contacted to review main door security. 4. Alarm system not heard anywhere and only sounds in the Endoscopy Unit out of hours- The alarm is not monitored anywhere within the Trust so if the internally heard alarm goes off it continues until it turns off automatically or staff arrive on duty 5. Formal review undertaken on 27/7/2017 - Awaiting report - Report received Action Plan completed sent to LSMS, who is to feed up to Trust no feedback as yet 6. Alarm Battery not working - no control	1. Weak areas within the department that could be broken into 2. Main Entrance door is not an external door and would be easy to penetrate 3. No CCTV Coverage in place 4. Alarm system not heard anywhere and only sounds in the Endoscopy Unit out of hours- The alarm is not monitored anywhere within the Trust so if the internally heard alarm goes off it continues until it turns off automatically or staff arrive on duty	1. All separate areas are locked at the end of the day to keep equipment and stores as safe as possible 2. Security has increased walk rounds as capacity allows 3. No mitigation for Alarm not working	8	20	3	Scott, Julie Dowson, Sandra	25/01/2018 14:23 Nikki Woodcock Reviewed 25/1/18 - Escalated to Ian Hayden as work has not been completed to the unit over the past week 22/12/2017 10:38:51 Nikki Woodcock 22/12/17 - Quotes have been chased continually but no action taken to date 14/12/2017 15:36:17 Julie Scott Please this has been discussed at Lincoln CG Meeting 14/12/2017 and the Risk Raising agreed 14/12/2017 15:28:05 Julie Scott Please can this amended Risk be reviewed as we are increasing the risk due to no working alarm on going for 10 days 10/12/17 - Staff have been made aware of the process for finding an activated alarm when coming on duty. Concerns have been raised around a window in one of the new pods which does not close, contractors/facilities have been made aware 17/7/2017 - Review carried out by police in February 2017 sent to Matron today (despite repeated chasing) and following was completed after review of the findings. Window restraints, front door shutters and alarm issues raised as a job in Facilities MCAD numbers 228370, 228372, 228373 27/7/2017 - formal security review carried out with LSMS and Police. Report due within 2 weeks 4/9/2017 - Formal report received draft AP sent for comments to LSMS, awaiting comment chased x 2 - Awaiting Facility Quotes for some works to action 27/10/17 - Quotes chased again	
3867	23/03/2017	31/01/2018	Pilgrim Hospital, Boston	Pilgrim BU - Surgery	Urology	Medical Device Risk +ESK (Capital)	GU endoscope stack	Endoscopy stack (PCE 12518) containing the following: Stor Tricam 5L11 PCE 12515 Scope Light C20 1336 20 PCE 12390 Sony printer LP-21MD PCE 12514 Monitor screen Radiance PCE 10342 1. Above used on a routine basis for all urology lists and emergency cases. 2. Date of installation on monitor 3/11/2005 3. Stacks power supply has failed recently a few times during use, problem identified and rectified by MESU. 4. Camera head has recently began to give poor image, this was temporary rectified by MESU engineers. 5. Stack is becoming unreliable. 6. No suitable endoscopic stack/camera head available for either routine lists or emergency cases. 7. Potential risk of lists and emergency cases being cancelled if stack/camera head fail. This would include all cases including cancer cases and stone cases. This increasing the risk of complaints from patients, increased financial costs, as well as decreasing the recovery time and outcome for these patients.	1) Checked pre use. 2) Service regularly by Clinical Engineering. 3) Alternative stack is not suitable for urological endoscopic procedures. Primary concern relates to risk 3878. Outcome of addressing that risk will define a way forward. Has unitary reached a conclusion on Risk No 3878? Has the trust settled on Boston Scientific disposable ureterorenoscopes? PHB has video ureterorenoscopes, LCH optical ureterorenoscopes which explains the incompatibility between the 'standard' stack and the PHB scopes. The outcome of the Boston Scientific trial may define the best way forward.	1) Alternative stack available is not stable for urological endoscopic procedures. All lengthens the procedure time. 2) Clinical risk - it makes the procedure more difficult thus affecting the quality of care and surgical technique is affected. 2) Increased financial costs if loan equipment has to be hired.	1) Issue discussed at the Pilgrim urology clinical governance meeting, 24/2/2017 2) Problem highlighted to MESU dept on 23/3/2017 3) Needs business plan/case of needs plan formulating. 4) One possible answer is to purchase a camera head suitable for urology that fits other endoscopic stacks in the department.	20	20	4	Memon, Shaukat Sugars, Paula	20/12/2017 09:15:31 Gabrielle Hough MDG Updated 19/12/17 - reliability improved with Pilgrim Clinical Engineering intervention. Still unclear how PHB Urology is addressing the ureterorenoscopy challenge that affects this endoscopic stack - PHB Urology adopt the LCH urology approach then it should be possible to replace this stack with a trust standard unit. Validation update 13.4.17. Ang Smith discussed risk content with Jayne Forman. Jayne to clarify ownership and impact of risk with theatre team and update risk accordingly thereafter. 12/4/17 Paul Hogg has sent email stating Paula Sugar to be identified as manager. 18/4/17 Above email forwarded to Paula Sugar. 22/9/17 Discussed at urology governance meeting. Mr Memon to be named as handler until Mr Madhavan is given authorisation. Camera head continues to cause concern and problems during use. Rating increased to score 20. 23/11/18. Item 4 in action to mitigate. Sr Forman to contact Stor and ask for an up to date quote for new camera head. 22/9/17 Email sent to Mr Memon and Mr Madhavan to explain situation re handler.	
3868	23/03/2017	31/01/2018	Pilgrim Hospital, Boston	Pilgrim BU - Surgery	Urology	Medical Device Risk +ESK (Capital)	Swiss lithoclast master	Swiss Lithoclast Master PCE 10618. + tray of sterile instruments. Bought in 2006. It uses pneumatic and ultrasound for fragmentation of urinary tract calculi in the kidney, ureter and bladder. 1) Equipment bought in 2006 2) Recent problems identified - working ineffective. resolve by control item 3 - blocked hand piece. see control 4. - incorrectly put together prior to being sterilised by synergy. see control 5 3) No similar alternative equipment available. only alternative equipment is the laser machine, or loan from company or other hospital in trust. 4) Potential risk of lists and emergency cases being cancelled if this equipment/tray fails. This could affect all urology stone cases. Thus increasing the risk of complaints from patients, increased financial costs, as well as decreasing the recovery time and outcome for these patients	1) Checked pre use. 2) Serviced regularly by Spalding Medical (Boston Scientific) 3) Machine software updated and new vario hand piece 2016. But machine still not working as it should (Mr Madhavan Stone specialist) 4) Arranging arranged for all staff who use this tray/machine. 5) Equipment being dismantled prior to being sent to synergy for processing. 6) If machine fails, 7) If loan equipment is available from a company @ Lincoln county Hosp This device has had key items replaced. A new device may be exactly the same model. Have the operational management changes and replacement of handpieces resolved the problem? Clinical service need to answer whether risk has been reduced since corrective action taken. MDG moderated risk at 12 based on corrective action. Can this be closed or is there still a requirement following corrective action?	Jayne Forman to update after theatre meeting w/b 17.4.17. Laser machine uses alexpensive fibres. It can only be used in theatre 7 (to meet regulations) has more safety issues for safeguarding staff and patient. 2) Potential risk of hiring a machine and tray - financial burden.	Jayne Forman to update after theatre meeting w/b 17.4.17. 17.4.17. 2) Problem highlighted to MESU dept on 23/3/2017 3) Needs business plan/case of needs plan formulating. 4) Further discussion required as to who the handler should be, at next clinical governance meeting on 21st April 2017 5) Discussed at the urology governance meeting on 22/9/17. Mr Memon to be handler until Mr Madhavan has access. 6) Mr Madhavan stating that he is his opinion machine not working as it should despite the soft ware update and new hand piece. 12/11/2018	20	20	6	Memon, Shaukat Sugars, Paula	20/12/2017 09:15:31 Gabrielle Hough MDG Updated 19/12/17 - needs representation at MDG on 3rd January - unclear what the problem with the device is now after the major repair validation update 13.4.17. Ang Smith had verbal discussion with Jayne Forman regarding owner and content of risk. Jayne to take discussion back to theatre team meeting and update Datix accordingly with outcome thereafter. 13/4/17 Paul Hogg emailed to suggest Paula Sugar to be identified as the manager. 18/4/17 email forwarded to Paula Sugar re manager. 17/12/17 scoring increased to 20 following urology governance meeting today. 23/11/18 Extra note made in Action plan of Mr Madhavan's concerns.	
3872	30/03/2017	31/01/2018	Pilgrim Hospital, Boston	Clinical Support Services	Radiology	Clinical Risk	Shortage of Interventional / Vascular Consultant Radiologists in post and On-call provision	Two IR Radiologists from LCH leave the Trust in April. An IR Consultant at PIL leaves in April. Previously unable to appoint locum Consultants. Very difficult to recruit into this speciality substantively. Significant reduction in Interventional / Vascular sessions during April, and reduction in sessions going forward from May 2017. Will increase waiting times for in-patient procedures and elective. From 26 April there will be IR Radiologists in the Trust	As of 31 March a locum IR/Vascular Radiologist will be in post for 3 months initially. Trust IR Radiologists to cover all sites through change of Job Plans. IR Radiologists to increase IR/Vascular work which will increase cross-sectional/pain film out-sourcing, and reduce availability of Duty Radiologist cover. Explore possibility of EMVRS support to ULHT	Unable to recruit or attract locums or substantive Radiologists Update: 11/08/17 - potential to appoint 8 locum fixed-term Radiologists (inc 3 interventional radiologists), also ACC Panel on 21/8/17 with 6 candidates. Appointing to general radiologist posts will assist IR by releasing them from the general duty/on-call roster to 'create' more IR lists. It should be noted that at the current time, ULH is NOT able to provide a viable On-call service for Vascular / General Intervention. The requirement to provide a viable vascular on-call is 6 radiologists. We have suggested a way forward being to move to a 6 day service to ensure no patients wait over a full weekend for an angiogram.	ULH radiologists working pan trust to minimise service disruption, cases prioritised on urgency, out to advert continually, looking for locum support. Meeting vascular teams to look at alternative models of working. Consider stop providing service if safe staffing levels are not met. Update: 11/08/17 A Risk Summit was held on 8/8/17 - presentation given by NA re issues, current performance and actions to assist the IR service (attached). Action Plan formulated (attached), and request for an Informative Paper for the Exec Team meeting on Thursday 17/08/17 (attached) (approved and submitted formally).	20	20	6	Allen, Nigel Rinaldi, Dr Ciro	22/12/2017 15:04:33 Nigel Allen 22 12 17 Third Interventional Radiologist in post, currently undergoing induction / competency assessment. Discussion with HoS as to where to be based. Two other appointees to general radiologist posts have CT biopsy experience, and both undergoing competency assessment with substantive IR Consultants. If successful, will re-introduce CT biopsy slots to Graham. Current limiting factor is nurse availability. Lincoln have sickness issues. Boston have 1 x mat leave, and a vacancy of 2.9wte. Not authorised by Michelle R to advertise externally. Had to interview as part of general cohort - not successful. Most recent cohort interviews yielded 0.5wte appointment. Exploring option of agency. NA forwarded Matron Shelton 2 x CV's of scrub nurses. Sister also confirmed one is appointable. Waiting on Matron's response and will seek authorisation to engage. Risk Assessment undertaken re the required nursing support for each type of IR procedure, verified by Dr Centini. Waiting for Matron's approval (Sister has confirmed ok). This will allow more flexibility with available nursing cover / different grades etc. Meeting medical director 29-6-17 to discuss service provision and possible outcomes. Met Vascular team and management Mr Mohan, Paul Hogg June 17 to look at alternative models and recruitment opportunities. 04/08/17 - Set 'internal targets' re: In-patient vascular - 5 working days, Critical Ischaemia 2-3 weeks, intermittent claudication - routine. Managing to deliver these targets, but routine angiograms approx. 6 weeks. Developed Trust wide referral pathway for CT biopsy to reduce the over all wait (target 10-12 days), and to achieve equity across the sites. Sufficient capacity on CT for current demand, but	
3878	18/04/2017	31/01/2018	Pilgrim Hospital, Boston	Pilgrim BU - Surgery	Urology	Medical Device Risk +ESK (Capital)	Flexible ureteroscope	Flexible endoscope used to a) diagnose conditions b) give treatment for tumours and stones within the ureter and/or kidney. Typically €80k/unit inc VAT. For 3 say, £24k 1) This very delicate instrument can become damaged during use. It has a limited life span due to degenerative usage. 2) Currently no scope available at Pilgrim. 3) Potential problem of patients condition deteriorating if kept waiting for treatment. Potential problems of prolonged sick leave - leading to loss of employment, hydro nephrosis could lead to kidney failure or loss of kidney, patient complaints, and litigation. 4) Waiting list will increase due to lack of instrumentation.	1. Currently service is only available as a loan scope from Company as been hired MDG note 14-06-2017: The short life of ureterorenoscopes means that these devices cannot be capitalised. Boston Scientific single use ureterorenoscopes being trialed. Aug 2017. Close to agreement What is the outcome of the trials using single use/disposable units? Can these devices become excluded devices i.e. recharged to CCS as an add on to tariff?	1. Financial implications of hiring the loan scope from Company 2. No available alternative fit for the purpose in the trust. 4. No financial planning yet focused on purchasing and maintaining a flexible endoscope for the department.	1. Discussed at the clinical governance meeting on the 24th Feb 2017. 2. Business plan / case of need to be processed in relation to finances and maintenance contracts. 3. Further discussion moving forward to a solution at the next clinical governance meeting.	20	20	3	Memon, Shaukat Sugars, Paula	20/12/2017 09:20:40 Gabrielle Hough MDG Updated 19/12/17 - Lincoln has resolved this problem by going down the disposable route. The ureterorenoscopes rarely last a year, so though £8k cannot really be classed as capital. Unclear at moment what the plan is for ureterorenoscopy use at PHB. Will the Boston Scientific disposable ureterorenoscopes be used at Boston? 24.07.17 - The business case needs to be completed by the urology team.	
3888	25/05/2017	27/10/2017	Pilgrim Hospital, Boston	Pilgrim BU - Medicine	Stroke	Health and Safety	environment	We have been relocated to another area due to a fire. The stroke unit patients are at a high risk of falling due to their condition which can affect their cognitive impairment. The environment proves difficult to observe them at all times. The windows are frosted and are high in some of the bays, we are unable to identify and allocate a high risk bay due to the ward layout. The flooring is inappropriate for our patients as it becomes very slippery especially when it has just been cleaned. washing and toileting facilities are not designed or adequate for stroke patients especially when equipment is required to transfer a patient. Emergency call bells cannot be heard in every area by staff members. The stroke unit often acts as a walk through for other departments	0	0	0	0	0	0	0	Skinner, Maxine	11.08.17 JTT - Current review of 'Tower Block' configuration being undertaken to assess what is required from a demand perspective across all areas. Potential wards moves to follow dependant on results.

3932	05/09/2017	28/02/2018	Pilgrim Hospital, Boston	TACC - Boston	Anaesthetics	Clinical Risk	Theatre staffing	There is an inability to offer excess hours/overtime due to the Trusts financial position which limits our ability to staff theatre to AFPP guidelines for safe staffing A discussion has been held today with 2 members of the triumvirate regarding concerns re patient safety in theatre The following concerns have been raised:- 1. Patient safety- working with 1 member of staff down impacts on safety checks, manual handling. Agency staff will need guidance and supervision and allocated according to the skill mix 2. Staff safety- manual handling, stress levels, time for essential safety checks. Agency staff are not familiar with the sites systems and processes will need further oversight from the core theatre team 3. Reduction in theatre activity as lists will need to be populated according to safe staffing levels- impact on 18 week RTT/31/62 target/2zw 4. Cancellations on the day a) as most lists are running with 1 staff member own if another goes off sick we cannot run a list with 2 staff b) lack of equipment/consumables due to need for coordinators to work clinically c) requirement to staff emergency capacity first which will reduce availability for staffing elective activity 5. Delays in training and developing multi-skilled work force due to the inability to support new starters/existing staff which may increase staff turnover	1. Rota reviewed daily/weekly and cancellation of all non essential training 2. Assess daily/weekly the need for excess hours/agency/overtime and balance against patient needs and skill mix 3. Review elective activity at 3 pm the day before and align with theatre staffing/bed availability this will not negate late notice sickness on the day 4. Consider reducing the number of cases on the list 5. Continuing to recruit to vacancies	1. There is not a joined up process for the clinical directorates to review theatre activity and staffing as yet 2. Agency staff have not been forth coming as yet	continue to assess and escalate on patient/staff needs daily	20	20	6	Keddie, Linda		17/01/2018 11:39:04 Karen Bailey Theatres still have 6 wte vacancies with 3 more staff leaving. we have recruited 7 into post. Cohort recruitment is an issue for theatres at present which is being addressed	
3933	06/09/2017	01/03/2017	Pilgrim Hospital, Boston	TACC - Boston		CQC compliance risk	Scrubber/dryer machines	Two scrubber/dryer machines bought in May 2012. serial number 351015009870/1. 1) Used to scrub theatre department (2nd floor and Ground floor theatres every night. 2) repeated repairs issues with a) battery, b) setting the plate height. 3) We have had repeated call out from the company engineer to rectify these issues. 4) Company rep advises that the dept need at least 4 machines to cover the amount of use. This will extend the battery life. New machines have a variable plate setting so they are suitable for floors not level (like ours). 5) currently we have NO floor scrubbing equipment. 6) Potential risk of infection for all patients coming to theatres. Thus potential risk of complaints from patients/relatives, increase financial costs.	1) Company rep and engineer have been contacted if anything else can be done with the present machines 2) Borrow scrubber equipment from other areas. These are often locked away and this increases the amount of time theatre housekeeping staff take looking for equipment they can use. (some of these machines are more than 10-15 years old) 3) Floors only being mopped if no scrubbers available. 4) Infection control dept. informed of situation via email 18/08/2017 but no reply to date. 5) Matron aware of situation.	1) Company rep and engineer have stated that nothing else can be replaced/repaired on current machines - they are worn out. 2) borrowing equipment increases the risk of cross infection from area to area, even with thorough cleaning and post use. 3) service contracts not in place due to the financial situation of trust.	1) risk assessment completed. 2) escalate to Matron and theatre business manager. 3) Ask infection control dept. their advice. 4) IRIs to be completed on a weekly basis, as having to borrow floor scrubbers when they can find a working machine. A quote for new equipment has been requested in order to purchase new items	20	20	6	Bailey, Karen	Joachim, Sugarthi	[29/01/2018 10:18:23 Jayne Forman] Quote received for 3 machines + service contract for 3 years. Total £8489.70. Information sent to Linda Keddie. Senior Nurse. 17/01/2018 11:37:07 Karen Bailey Quotes are being obtained for the purchase of new equipment. Theatres are cleaned at the end of every list by the theatre teams and floors mopped. Scrubber dryers are required for theatre floors in addition to mopping and cordrol/recovery areas 23/11/17 Awaiting new quote from Nilisk for new equipment.	
3936	18/09/2017	02/02/2018	Pilgrim Hospital, Boston	Corporate Services	Catering (F)	Corporate Risk	Risk of failure to drains under wash up floor at Pilgrim Hospital	The drains under the 'wash up floor' are failing leading to a build up of stagnant water and food waste that attract fruit flies, mosquito's and give off a pungent odour. The main dishwasher was originally built on an old open courtyard. Under the floor is open water drains for rainwater. There are no plans available for exact locations. Over the last 5 years the pipework's under the floor have corroded and collapsed spilling out food waste into the soil underneath the floor. This has deteriorated over time and causes very bad smells and lots of drain flies. This causes an hygiene issue as close to high risk food areas and possible contamination with high risks to patient feeding.	Spraying by pest control contractor. Steam from Estates to reduce flies. Chemicals have been used to balance PH levels in waste but not successful in all areas. Environmental health aware and are monitoring with possible closure orders as per hygiene regulations. All crockery and cutlery needs to come through this area with no alternatives to wash up anywhere else. Restriction on resources.	The fly spraying and steam does not last long and creates smells and flies escaping where small access holes have been drilled for pest control. Environmental health aware and are monitoring with possible closure orders as per hygiene regulations. All crockery and cutlery needs to come through this area with no alternatives to wash up anywhere else. Restriction on resources.	Excavate parts of the floor through beams, seal rainwater drains, remove sludge and fill the void under the main wash up area. The floor then need to be sealed to stop any water going underneath. Spec being developed, waiting for quotes for remediation work.	15	20	2	Spencer, John	Royales, Fred	02/01/2018 12:24:56 Vicky Dunderdale] 02/01/18 EHO have advised that they are likely to take an enforcement action if not dealt with within the next 6 months.	
3944	10/10/2017	10/11/2017	Lincoln County Hospital	Corporate Services		Corporate Risk	There is a risk that the trust will breach the yearly Clostridium difficile threshold set by NHS England	The trust has reported an increased rate of Clostridium difficile cases across the Lincoln, Boston and Grantham sites during 2017-18 and is currently over the agreed trajectory. This poses a risk of transmission of C. difficile within the clinical setting; risk of clinical complications to affected patients; risk of regulatory sanction if the yearly threshold is breached.	Weekly Clostridium difficile review meetings; frequent infection control visits and compliance assessment audits in areas with known CDI cases; enhanced cleaning regime in affected areas; support with antimicrobial stewardship provided by Consultant Microbiologists and Antimicrobial Pharmacist; trust wide work to improve sampling and isolation practice; root cause analysis of all cases of CDI undertaken in line with national requirements; guidelines for management for patients with CDI in place	Sub-optimal cleaning standards in many clinical areas	Matrons reviewing cleanliness standards during golden hour walk rounds; increased supervisory support for housekeepers being rolled out.	20	20	4	Smithwaite, Sandra		10.10.17 - risk added at request of Jane Finch as she currently doesn't have access to Datix - risk it to be monitored on IPC Risk Register	
3959	09/11/2017	08/01/2018	Grantham & District Hospital	Grantham	Orthopaedics	Clinical Risk	Inadequate small power tools for use in Orthopaedic surgery.	Lack of suitable small power tools for use during Foot/Ankle and Upper limb surgery Currently we have 2 small power pro kits which do not have the small wire drivers or pencil saw/drivers which the surgeons require. We also have two smart drivers which are used daily, however we still do not have all of the required attachments on this tray. Foot surgeons requires more specialised attachments which we do not have. Using inappropriate power tools for performing delicate foot and ankle surgeries can lead to inadvertent fractures which in turn can lead to poor surgical outcome.	Due to the increased usage of these kits daily we are having to fast track regularly with our off site processing unit. Staff are having to be extra vigilant to ensure that these trays are available for surgeons to use. Ad hoc repairs IR1 reporting by surgeons and theatre staff. Dedicated air powered micro instruments allows the full spectrum of small bone procedures to be performed with speed and accuracy. Shirts are put out to bank at the earliest opportunity. Substantive staff are encouraged to undertake extra shifts on the bank. Staff are utilised from other departments, this is decided on a daily basis.	Struggle to get loaned back up equipment as and when these tools require repairing No service contracts are in place for existing kits.	business case ongoing	20	20	4	Saxby, Lizzie	Ryder, Rachel	06/12/2017 09:40:26 Rachel Ryder] risk reviewed business case ongoing Using inappropriate power tools for performing delicate foot and ankle surgeries can lead to inadvertent fractures which in turn can lead to poor surgical outcome. Almost 80% of the foot and ankle surgeries I perform need small power tools to perform the surgery in a safe manner. In all the other hospitals I had worked before, small power tools were always available for foot and ankle surgeries and the patients were cancelled if appropriate power tool was not available, for risk of causing more complications. I hope a high priority is given to acquire the small power tools (pencil saw/drivers) needed urgently. Ashok Marudanayagam	
3982	04/01/2018	05/02/2018	Grantham & District Hospital	Grantham		Clinical Risk	ACU Nurse Staffing	Band 5 registered nurse vacancy 34% 25/01/18 - No update		Shifts are put out to bank at the earliest opportunity. Substantive staff are encouraged to undertake extra shifts on the bank. Staff are utilised from other departments, this is decided on a daily basis.	Cohort recruitment has not met our recruitment need. Bank and Agency staff are expensive.	Agency nurse usage. Bank nurse usage. Bespoke advert for Grantham is being compiled by Matron Ryder and is currently awaiting approval from D Bates.	20	20	4	Linger, Mrs Kenie		
3992	16/01/2018	16/02/2018	Trust-wide	Trustwide		Strategic Risk	Non adherence to NICE due to non compliance of completion of all Baseline Assessments	The Trust has a responsibility for implementing National Institute for Health and Care Excellence (NICE) guidance in order to ensure that: •Patients receive the best and most appropriate treatment; •NHS resources are not wasted by inappropriate treatment; and •There is equity through consistent application of NICE guidance/Quality Standards. The Trust must demonstrate to stakeholders that NICE guidance/Quality Standards are being implemented within the Trust and across the health community. This is a regulatory requirement which is subject to scrutiny by the CQC. Assurance of compliance is also required as part of the NHS Standard Acute Services Contract. The Trust is required to comply with its statutory obligations to meet the funding implications of the recommendations of all NICE Technology Appraisal Guidelines (TAG) within three months of the date of issue: unless where specifically exempted.	There is a NICE & Best Practice Co-ordinator in post @Bwte who distributes all new NICE guidance to appropriate leads. She also corresponds with leads when she has not had any feedback on the completion of Baseline Assessments (BA) or seeks an action plan if 100% is not achieved. An action tracker is kept up to date. Quarterly reports are produced for Patient Safety Committee (PSC).	Baseline Assessments are not being completed by the clinicians. The majority of the BA require them to be completed for each site and by various specialities. When BA are completed and do not achieve 100% an action plan is required however this rarely is completed.	Associate Medical Director to escalate to Medical Director to incorporate NICE within job planning Associate Medical Director to email Clinicians who have not completed their BA. Associate Medical Director to communicate with the Business Unit Triumvirates Review process	20	20	6	Gallen, Bernadine			
4003	25/01/2018	23/02/2018	Trust-wide	Corporate Services	Estates	Health and Safety	Overall inadequate security management across the Trust	Failing to provide an adequate level of overall security provision across the Trust.	Security Management Steering Group Task and Finish Group Lockdown Security Management Core Working Group Emergency Planning Committee	No child & infant induction policy Lack of policies and procedures in place	Develop and update policies and procedures Promote, planning and responding to issues in respect of security Awareness of roles and responsibilities Maintenance and reporting of compliance records Management of resources, communication, training and skills Escalate significant issues through Trust formal governance systems DR Project Business Case - to replace with Digital xray room. 7 2017 Annual QA testing and dose assessment by Medical Physics Expert Internal QA programme Fully Comp maintenance - 2 visits per annum Use alternative rooms unless static single room site-Skegness and Spalding in which case defect patients to other sites as BC plan. DR Project funding not known re 2017/18 financial year. Escalated to Julie Pipes and await response.	20	20	10	Soroka, Mr Mike	Boocock, Paul		
1186	20/05/2008	31/01/2018	Pilgrim Hospital, Boston	Clinical Support Services	Clinical Imaging	Medical Device Risk +€K (Capital)	General Xray room replacements with DR across Trust	Ageing general x-ray rooms UH not replaced through DR business case. Boston 2K general x-ray rooms Apollo and Saturn SN GB117015_19 and SN GB117015_21 installed 2002 12 years old Louth 2x General X-ray rooms 1.82 SN 113037.05 (installed 2002) and SN 5019177/9(S0012412) (Installed 2009) Skegness and Spalding 2x General x-ray rooms SN GB111002_01 (installed 2002) and Skegness GE Proteus (Installed 2010)	Annual QA testing and dose assessment by Medical Physics Expert Aug 2017: Managed Equipment Service project manager needs to be appointed - IPB. Internal QA programme Fully Comp maintenance - 2 visits per annum Use alternative rooms unless static single room site-Skegness and Spalding in which case defect patients to other sites as BC plan.	None Spontaneous breakdown	Escalate significant issues through Trust formal governance systems DR Project Business Case - to replace with Digital xray room. 7 2017 Annual QA testing and dose assessment by Medical Physics Expert Internal QA programme Fully Comp maintenance - 2 visits per annum Use alternative rooms unless static single room site-Skegness and Spalding in which case defect patients to other sites as BC plan. DR Project funding not known re 2017/18 financial year. Escalated to Julie Pipes and await response.	9	16	4	Allen, Nigel	Allen, Nigel	22/12/2017 15:06:52 Nigel Allen] 22 12 17 No funding in this financial year, unless any slippage of capital from MDG whereupon Radiology in a position to move forward very quickly to replace one or more X-ray machines with DR. 20/12/2017 09:22:27 Gabrielle Hough] MDG update 19/12/17 - there is an ongoing requirement for the trust to either move forward with the MES agreed plan or use capital for an increasing number of radiology devices at the end of their life - a corporate risk. Replacement part of DR Business Case for ULHT. Anticipate funding 2017/18 DR BC agreed but not implemented due to funding. Risk raised to 15, doses are 50% greater than new DR equipment. Reliability of ageing equipment a concern and affect business continuity. No confirmation of Capital (Trust-wide DR project) as of 04/09/17. Risk remains	
2727	17/10/2012	05/12/2017	Lincoln County Hospital	Surgical BU - Lincoln/ Louth	Not Applicable/ Available	Corporate Risk	Reduction in Service Delivery	Currently the Surgical Admissions Lounge is opened as an escalation area. Patients are prepared here preoperatively for all inpatient specialties. By using this area as an inpatient facility, this leads to delays in prompt start times, patients are at a high risk of being cancelled due to lack of theatre time.	Support the operational flow where possible by integrating theatre workforce, to support the timely preparation of patients going to theatres. Frequency of escalation requirements reduced to improvements in bed flow.	To be updated by DI Eady by 29.5.17.	To be updated by DI Eady by 29.5.17.	20	16	2	Eady, Mrs Diane	Clark, Mrs Bridy	Update on 01/08/2017 controls in place updated score reduced to 16, although will become more likely to become persistent in winter. 20/07/17 - Julie Scott confirmed she's no longer manager - should now be Bridy Clark. DI Eady update 11.5.17 - SAL consistently used as escalation area with impact of cancelled elective cases including Day Cases leading to poor patient experience, potential delay in treatments and loss of income.	
2967	18/07/2013	29/12/2017	Lincoln County Hospital	Women and Childrens BU	Paediatric Medicine	Clinical Risk	Registered Nurse Staffing Levels on Ward 4A/Safari/Rainforest and Clinics	Affects Lincoln and Pilgrim sites - replaces and updates 2 risks and combines into 1 Ward establishments do not enable the service to meet the standards set out by the Royal College of Nursing for nursing to patient ratios in children's areas. These are 1:4 for over 2s and 1:3 in under 2s, with 1:2 for HDU patients. These standards are for day and night. Increased establishment of 10 WTE out to recruitment. Escalated to risk summit with DON, med Director and COO - 5 Dec 2016. Recruitment of support staff to free up RN time. Each shift RAG rated. An agency nurse recruited to off duty for next 4 months (March 2017). Monitoring of complaints related to staffing. Monitoring of incidents related to staffing. Offer additional shifts to staff who request to do so. Ensure timely recruitment to vacancies so that situation is not further complicated by carrying vacancies. Escalation of concerns to Deputy Directors of Operations. Issue identified by CQC during recent inspection and	Bed management policy in place to support capping of beds when levels became unsafe. Use of exit cards to measure patient experience. Beds closed. Increased establishment of 10 WTE out to recruitment. Escalated to risk summit with DON, med Director and COO - 5 Dec 2016. Recruitment of support staff to free up RN time. Each shift RAG rated. An agency nurse recruited to off duty for next 4 months (March 2017). Monitoring of complaints related to staffing. Monitoring of incidents related to staffing. Offer additional shifts to staff who request to do so. Ensure timely recruitment to vacancies so that situation is not further complicated by carrying vacancies. Escalation of concerns to Deputy Directors of Operations. Issue identified by CQC during recent inspection and	Unable to meet the RCN standards on many shifts.	Actions in place to mitigate risks - see controls	20	16	9	Lingard, Tracey	Flatman, Deborah	Oct 2014 - Paper has gone to Liz Ball August 2014. Confirm and challenge held. Recommendation is that increase is around 25 WTE. Jan 2015 - beds reduced by 5 on each site to improve staffing ratios. Agreement to increase establishment by 10 WTE band 5. Out to recruitment. 4 Sept 2015 - Meeting with DON re using staffing vacancies to recruit unregistered staff to enable RNs to focus on nursing duties. November 2015 - Confirm and challenge with Deputy Don - Agreed new staffing template. Situation with vacancies remain the same but further issues caused by maternity leave and sickness. This has led to an implementation at Lincoln of a winter plan including a part closure of Safari Ward. Risk summit held. December 2015 - Review of staffing with vacancies plus long term sickness and maternity leave shows 41% RN staff unavailable for rota. This was escalated to HOM and then to DON. January 2016 - Risk Summit held with DON. February 2016 - Number of actions have been taken since last review of risk. Risk continues to be reviewed at each speciality governance meeting and at our BU governance meeting. Increase in establishment of support staff, HCSW, nursery nurses and admin staff so that nurses can concentrate on RN specific work. Maternity leave of RNs to be covered by nursery nurses as previous recruitment unsuccessful for RNs.	

3109	29/11/2013	29/01/2018	Lincoln County Hospital	Integrated Medicine - Lincoln BU	Respiratory Medicine	Clinical Risk	There is a risk that the Trust will not have appropriate space to apply NIV "therapy"/mask.	This is due to dedicated bed spaces being used due to ongoing site pressures. NIV space is frequently unavailable, thus increasing door to mask time to unacceptable standard. Risk of further never events if timely pathway issue not resolved. 10.5.17 - risk description to be updated at next review 29.5.17. This could lead to unacceptable delay in undertaking NIV.	Outliers identified if ward is full. NIV Space discussed times daily at bed meetings. Meeting planned with clinicians to put formal structures in place. 22.1.15 ED to receive NIV training so that short term management can be carried out in ED whilst awaiting bed, avoiding delay in admission to treatment time. (Expect downgrade of risk at next review upon completion of ED staff training) 09/11/15 A&E consultants received training from respiratory team (06/12/15) and respiratory ward staff also undergoing updated training, nearing all staff completed with this. Continue with liaison with Op Centre to ensure availability at all times possible. 19/09/16 Update: Meeting held and agreed way forward. Business Case being drafted for Level 1 beds to be supported on Carlton/Coleby Ward. This will include increased staffing levels to manage an agreed number of NIV patients. Business case to go to December IPB Meeting. Update 06/03/17: Business Case did not stack and was unable to be progressed. Case of need now being completed for additional nursing resource for level 1.	10.5.17. Currently training plan rollout unknown. Damian Carter to update Datix by review date of 29.5.17.	19/09/16 Update: Meeting held and agreed way forward. Business Case being drafted for Level 1 beds to be supported on Carlton/Coleby Ward. This will include increased staffing levels to manage an agreed number of NIV patients. Business case to go to December IPB Meeting. Update 06/03/17 1. Case of Need for staffing level 1 beds being drafted for April IPB. 2. NIV Machine purchased for ED so that patients can receive treatment until ward bed becomes available. 3. Risk Summit held on 02/03/17 identifying additional nursing staff template uplift required, additional Clinical Educator Support to be given to the ward on a temporary basis. Maron & Ward Manager to be released for 1 week to embed basic processes to improve safety. 4. Equipment requirements to be added to 17/18 capital programme. Update 24/04/17 1. Level 1 case continues to be worked up with plans for respiratory consultants to present to the pre-IPB Screening Panel May 17 to be confirmed. 2. Risk Summit further meeting to be held on 27/04/17 to review & update on actions and impact. Meeting minutes to be updated. 3. NIV Machine for ED now delivered and appropriate training will be arranged. Karen Hansord leading on this.	20	16	1	Carter, Mr Damian	Vickers, Lisa	02/01/2018 09:11:18 Gabrielle Hough] 29/12/17 - update from L Vickers - no further update regarding nursing uplift. 22.11.17 - update from L Vickers - M Rhodes, Director of Nursing, has agreed that NIV machines will not be used in ED by the ED staff. Decision related by D Cleve, Head of Nursing. No further update at this time regarding nursing uplift. 11.10.17 - GH updated with L Vickers - consultant medical staff are reducing clinical activity when necessary to support the increased case mix of NIV patients on the ward. No further decisions have been made regarding the permanent uplift to nurse staffing levels. 13.09.17 - GH updated with L Vickers - consultants have cancelled a limited number of clinics in order to provide additional medical staffing cover to wards but risk still remains until there is an agreement to have a substantive staffing uplift. Risk is being managed through and at Carlton Coleby Risk Summit last week it was recommended that the ward be taken out of risk summit - progress is being made - because of this agreed to reduce score from 20 to 16. 08.08.17 - GH updated with LV - NIV machine has arrived in ED, currently trying to get training for ED staff arranged. Nurse staffing numbers have been temporarily uplifted above template to support the increase in activity. Temporary uplift approved by DoN - nursing team to write a business case for permanent uplift. Junior Doctor numbers on Carlton Coleby reviewed and have been increased to support ward. Nurse educator team have been asked to provide support to ward. Risk still remains until there is agreement to have a substantive staffing uplift.
3162	18/02/2014	29/01/2018	Lincoln County Hospital	Integrated Medicine - Lincoln BU	Oncology	Clinical Risk	There is a risk of reduced effectiveness of AOS	This is caused by a lack of substantive CNS This could lead to an increased incidence of delayed diagnosis or mis-diagnosis. The Acute Oncology Service is only available as a limited service at Lincoln County due to inability to recruit to the CNS post. Macmillan have provided 24 months of funding but we have been unable to recruit to a fixed term post. Excellent potential candidates have expressed an interest in a substantive post. A request has been made to substantiate the post with UHT funding and this is awaiting approval. The AOS CNS at Pilgrim hospital has made great progress in establishing the service and her post also requires substantive funding to ensure sustainability of the service. Without these posts the clinical risks that oncology patients presenting with an acute complication of their treatment or disease will not be identified and treated appropriately. This includes neutropenic sepsis and M5CC patients. We are currently facing the complications of chemotherapy CQUIN due to lack of CNS cover at Lincoln.	Specialty doctors providing AOS cover at Lincoln County but due to workload they are unable to proactively identify and review all patients within agreed standard of 24 hours. 22.1.15 Funding for ongoing funding of AOS nurse posts secured. Out for advert for substantive posts (expect to reduce risk grading at next review) 09/11/15 LCH nurse funding secured and position was filled. However, migration received. AOS base drafted but unable to identify bed day savings 19/09/16 CNS replacement post successfully recruited to. AOS Clinical Lead to revisit original business case and also to review options for potential limited service running from Waddington Ward. Business Unit continue to explore funding issues for additional consultant post.	*AOS Business Case needs progression once clinical model identified by clinical teams.	*AOS Lead Clinician to review drafted business case and identify options for potential partial implementation. Business Unit discussing funding issues for 12th consultant post.	16	16	8	Saravannamuthu, Dr Kandeepan	Vickers, Lisa	02/01/2018 09:11:48 Gabrielle Hough] 29/12/17 - update from L Vickers - Hot week plans in place and new hot week commences 01/01/18. Additional ad hoc sessions agreed for 2 x existing consultants to support the work of the consultant on mat leave. Locum confirmation of retention. Recruitment process for 12th Post underway again. 22.11.17 - update from L Vickers - substantive 12th Oncologist has pulled out of the offer made by the trust some 7 months after accepting the post. English language competency level could not be reached by the candidate. Existing agency locum extended whilst recruitment can recommence for the 12th consultant post. Hot Week Plans to go ahead Jan 2018 as previously stated. No further update on enhance AOS Service at this time. 11.10.17 - GH updated with L Vickers - delay to commencement of "hot week" until Jan 2018 when the 12th substantive oncologist will be in post. 13.09.17 - GH updated with L Vickers - hot week consultant plan will still be going ahead at the end of the month however having a few issues with clinics and tumour site coverage. Nurse staffing establishment conversation remains on-going to DoN - still the same plan but not yet agreed. 08.08.17 - GH updated with LV - funding for 12th oncologist has been agreed and appointed - locum will remain in place until substantive arrives. There is a plan to start "hot week" consultant cover from September 2017 - clinics have already been amended accordingly - this will allow risk to be downgraded once successfully running. Also a plan to commence AOS service on Waddington Ward from early October 2017 - currently reviewing the nurse staffing establishment required - further update to be provided in September with evidence to confirm agreed establishment
3359	17/11/2014	25/01/2018	Grantham & District Hospital	Grantham	Critical Care	Health and Safety	Access corridor	Unsecure lock on service corridor entrance to CCU. This is a joint entrance to the service corridor to CCU and the Emerald suite which operates as an out patient clinic. Because this door is always unlocked, day and night it not only poses a risk to the vital equipment housed on the CCU corridor, but for the staff working within CCU, especially at night. The pacing room facility has no servicable lock, and this too houses very expensive and vital equipment, which is at risk.	Equipment store did have doors put on prior to the Emerald suite opening. We now lock the door which houses CCU vital transfer equipment. No public access posters have been put up in the kitchen to deter public entry.	Staff may be unaware	All staff to be informed Ian Hayden requested to fit locking doors with swipe access. Funds available and identified. 17/11/17 - Informed by Nick Harrison that the lock wont be installed due to the financial position of the trust. Key obtained to lock the door on the service corridor when not in use. However the unit door remains unlocked, meaning the patient and staff ris remains as was. 25/12/17 - Doors on the corridor continue to be locked when not in use. 25/01/18 - No update.	16	16	4	Linger, Mrs Kerrie	Ryder, Rachel	25/12/2017 18:43:19 Kerrie Linger] Dec 17 - Risk reviewed. Score 16. No prospect of the work being completed soon due to financial pressures. Doors off the corridor continue to be locked to keep expensive equipment safe. 8.8.15 JB asked to review by 1 October and update risk register UK 16/10/15 discussed at BU Governance meeting - JB confirms funding is being provided from charitable funds for work to be completed. 5/2/16 - reviewed by JB. Risk score evaluated and changed to 8 (from 20). Awaiting Facilities to fit lock (swipe card access) to be funded from CCU Trust funds April 2017: KL informed by charitable funds that they cannot be used for this, it needs to be funded from the ward budget. G4S have been out to review and are compiling a quote, they have informed KL it will be very expensive, probably in the thousands. Sept 2017: KL discussed with NH, he will chase G4S for the quote. Nov 17: Informed because of the Trust financial position the lock wont be fitted for some time.
3523	23/10/2015	11/12/2017	Lincoln County Hospital	Corporate Services	Trust Policy	Clinical Risk	There is a risk that the Trust will not comply with Infection Code of Practice.	This is caused by insufficient housekeeping resource to provide and maintain a clean and appropriate environment and poor cleaning audit compliance. The effect/impact is an increase in HAI and risk of regulatory sanction.	•Bullets and Ward Visits undertaken by Matrons •Ward inspections undertaken by IPC •Review of Housekeeping tender process completed •Water testing in Place •Monthly monitoring of infections •Monthly Staffing Reviews •Monthly risk report on Infection Control and prevention •Policy for outbreak and Periods of Increased Incidence in place •Root Cause Analysis of Hospital Acquired Infections undertaken	See Risk Action Card	See Risk Action Card	20	16	4	Begshaw, Victoria	Rhodes, Michelle	Compliance with Criterion 2 of the Code of Practice to prevent and control infection through providing and maintaining a clean and appropriate clinical environment due to insufficient housekeeping resources. Due to insufficient number of housekeepers, cleaning audit scores are lower than the contracted cleaning schedule. Ward visits report non-compliance with criterion 2. Recent visit by the Trust Development Agency has led to an increased escalation score due to observed non-compliance with Criterion 2 of the Code of Practice to prevent and control infection. Lack of assurance regarding provision and maintenance of a clean and appropriate clinical infection increases the likelihood of hospital acquired infections Risk score upgraded to 25 - Likelihood to 5 on authority of IPC New Risk Assessment attached - DAQ Reviewed 8th Feb 2016 - Evidence suggests no catastrophic risk. Risk reviewed 6th October 2016 and risk action card updated and uploaded 20/01/2017 - risk score downgraded following review by PS 21/02/2017 Risk action card updated and uploaded. Risk Reviewed 19/05/2017 - improvement noted on Lincoln site due to increased supervision, some improvement on Pilgrim site due to evening cleaning team. However, scores not yet compliant with national standards so risk score remains unchanged. Stage 2 of the business case being formulated 19/10/2017 - review date changed from 2016 to 2017 due to an admin error - improved compliance noted on Pilgrim site. Ward Accreditation in place with IPC including cleanliness being a mandatory standard to pass - PS IPC agenda moved to VB
3536	16/10/2015	20/03/2018	Lincoln County Hospital	Corporate Services		Clinical Risk	There is a significant risk of harm to patients arising from a failure to carry out observations accurately and on time.	likelihood of a patient in the Trust having all observations completed accurately and on time has been between 65% and 77% and - though it shows monthly variation does not seem to be recovering. Added to the risk register on the authority of PSC - 13th October 2015	Action in train to manage the risk - eliminate, reduce, mitigate or accept ECOBs roll out currently completed at GDH and PHB	It has been demonstrated and accepted in the Safer Staffing Project (2014) that safe, high quality clinical care is co-dependent on the number of nurses on our wards. Non-adoption of e-COBs would result in less time to care/contact time between nurses and patients.	E observations have been implemented across the trust which audits all inpatients each month. Ward Accreditation has a deteriorating patient standard with the aim of driving improvement. Sepsis task and finish group in place and sepsis action plan in place. Sepsis compliance has improved.	20	16	9	Gallen, Bernadine	Hinchliffe, Jenny	30/01/2018 13:29:28 Penny Snowden] 30/01/2018 risk unchanged due to the number of late or missed observations being reported. Ward accreditation now in place with ward improvement plans. manager changed due to PS going on a secondment 26/7 - Risk reviewed at QGC - still extant. Need new handler 01/08/2016 - Handler - Penny Snowden 23/12/2016 - Unaware that handler transferred to me - risk reviewed and down graded in light of recent audit data of physiological observations and that E Observations is meeting timescales for roll out PS 19/05/2017 - E Observations in place, sepsis 6 compliance increased. standard developed for ward accreditation - but improvement still required so risk remains unchanged 6/07/2017 - handler details updated and action plan to mitigate updated. Monthly reports for all ward areas now in place and showing improving compliance 12.09.17 - update from B Gallen - we are now live with eCOBS apart from at Lincoln A&E and paed (which they are currently developing). There is a self-serving link which managers can review compliance. Currently the Trust is at 85% for obs on time. Ward accreditation and clinical cabinet meetings also discuss compliance with staff. Matrons review compliance as part of their ward assurance. 19/10/2017 ward accreditation now being implemented
3539	19/11/2015	12/01/2018	Grantham & District Hospital	Grantham	General Medicine	Clinical Risk	No internal doors to 3 bay areas on ward 6	Concerns raised regarding infection prevention risks at site infection prevention meeting as there are no doors to close should there be a need for containment of infection outbreak	Staff aware of need to be even more vigilant and mindful of PPE and hand hygiene if entire bay needs to be isolated and barrier nursed. Nursing staff would be allocated to bay areas and where ever possible would limit their entry into unaffected bays	monitor infection out breaks staff compliance with PPE and hand washing	Monthly hand washing audit. Management of cohort patients during infection out breaks and allocating designated staff to area.	16	16	6	Charles, Mandy		Discussed with fire officer and fire need but to discuss with infection prevention team. 17/3/16 - risk remains low. Cost implication to having doors to bays 5/09/16 - no change 15/06/17 - no change 26/6/17 - with recent events regarding fire safety and discussion at site H&S the risk rating has been increased - e mailed to fire off.
3563	29/12/2015	29/12/2017	Lincoln County Hospital	Women and Childrens BU	Paediatric Medicine	Clinical Risk	There is a risk that UHT cannot provide safe provision of level 1 paediatric high dependency care	This is caused by It could lead to the following This risk supersedes ID 762 and pulls out 1 risk into 3 strands. The risk is applicable to Lincoln and Boston. The service currently provides level 1 paediatric HDU activity. This is in line with Royal College of Paediatrics and Child Health guidance which recommends a district general hospital should be providing this level of care. The service does not currently receive the correct tariff and is unable to meet the staffing requirements outlined in the Royal College of Nursing standards. It also means that potentially 2 HDU areas for paediatrics and neonates are covered out of hours by the same registrar and consultant but are situated a distance from each other (at Lincoln only).	Staff attend EPLS (advanced paediatric resuscitation) as course availability and releasing staff allows. Staff identified on training needs analysis to attend high dependency modules. Data is now being collected to present to CCG re: attracting the correct tariff for level 1 PHDU.	1. Funding 2. Staffing 3. Training and competency	1. Ongoing discussion with CCG and data collection. 2. Bed closures, continuous recruitment, risk summit due on 5 January. 3. Identification of training needs through appraisal process.	16	16	9	Lingard, Tracey	Flatman, Deborah	May 2016 - Risk remains in place. Business case produced and presented to CCG. Meeting to discuss standards arranged for 17 May. August 2016 - Risk remains in place. Additional staffing not in place to cover HDU work and achieve a ratio of 1:2. No further update following submission of business case. September 2016 - Risk discussed at BU Governance meeting. Ongoing discussion with CCG concerning tariff. May 2017 - risk reviewed by Matron DF and LH, ongoing discussions with CCG re tariff. Likelihood reduced based on current evidence, risk being mitigated adequately at present 8.6.17 - overview of risk by senior triumvirate and Risk Lead - for regular review 23/6/2017 No change in current risk 17.07.2017 The expected deficit in Registered nurse staffing from September 2017 increases this risk due to lack of safe staffing levels. Risk Summit planned. 13.11.2017 Monthly update report on Staffing levels sent to HON each month. Staffing levels slowly improving on Rainforest ward but children's ward 4A supported by block agency. No progress with funding for HDU and low staffing levels have affected training attendance. This risk remains high.

3565	29/12/2015	29/12/2017	Lincoln County Hospital	Women and Childrens BU	Paediatric Medicine	Clinical Risk	Retrieval/Stabilisation of level 3 paediatric ICU patients	Supersedes risk ID 762. Draws 1 risk into 3 separate risks. Is relevant to Lincoln and Pilgrim. Deteriorating patients on wards or that present to A&E that require level 3 PICU care have to be stabilised prior to transfer. On occasions delays occur either due to bed availability or transport availability. East Midlands is the only region in England without a dedicated retrieval team for paediatrics. This leads to a risk that a patient may be at Lincoln or Pilgrim hospitals for a prolonged period of time. Staffing has to be sourced from existing staff who are not maintaining competencies with level 3 PICU care and do not have the same level of expertise as a tertiary centre. Also depending on where these children are cared for, it can pull medical and nursing staff into delivering care in an additional area and also depletes the anaesthetic staff as well as the paediatric medical and nursing staff.	Agreement in place with anaesthetic team to jointly manage patient until retrieved. Staff training to include EPLS and high dependency care module as staff can be released and courses sourced. Current discussions around commissioning an East Midlands retrieval service.	1. Correct environment for stabilisation 2. Staffing 3. Training and competency 4. Lack of dedicated retrieval team	1. Care for child as appropriate to support the involvement of anaesthetics. 2. Staffing as part of wider BU risk 3. Training and competency as for level 1 and 2 PHDU but not specialist PICU 4. Models for retrieval team being worked up by specialised commissioning.	16	16	9	Lingard, Tracey	Flatman, Deborah	May 2016 - Risk reviewed. There is no change to consequence or to mitigations but I have reduced recurrence as this occurs approximately 1-2 a month. August 2016 - Risk is unchanged. We are aware that a new PICU transport service for East Midlands is due to be commissioned. 17th Jan 2017 - remains unresolved, using private ambulances when challenges arise. 8.6.17 overview of risk by Risk Lead and senior triumvirate - new Paediatric Transport team in place. Sr JI to attend a study day on 13.6.17 to find out details/logistics - risk to be updated by DF/JL 17.07.2017 Risk increased due to expected Registered Nurse staffing deficit from 1st September 2017. Risk Summit planned. 13.11.2017 Risk remains on children's ward 4A due to staffing levels supported by agency. Recruitment slowly improving staffing on Lincoln site but risk remains due to new and agency staff inexperience.	
3584	23/02/2016	30/01/2018		Path Links	Transfusion	Corporate Risk	Blood tracking Kiosks - out of warranty	Electronic Kiosks used for Blood tracking and controlled access to Blood Fridges (x8 pan trust) are out of warranty and require update. All kiosks are currently functional however if any faults are reported they are not covered by warranty and as machines are outdated satisfactory repair is highly unlikely. Machines are slow and performance is limited - any breakdown would result in non compliance with Blood Safety Quality regulations (2005) On March 29th the laboratory kiosk broke down irreparably - IT replaced it with the Training kiosk - we now have no back up if other kiosks fail.	Machines are functional currently thus meet BSQR regulations MSoft Support contract in place on annual basis-this enables management of minor issues relating to the system. On March 29th the laboratory kiosk broke down irreparably - IT replaced it with the Training kiosk - we now have no back up if other kiosks fail.			12	16	2	Richardson, Carol	Scott, Julie	[16/01/2018 09:43:11 Carol Richardson] 15/1/2018 (Carol Richardson) Launch of new system is planned for 23/01/18 - training is underway and the system is functioning as expected- lpoed are also being installed for launch on the same date - we do not expect any further delays. [12/12/2017 15:13:00 Carol Richardson] Current review of blood track Upgrade indicates the system will not be functional before January 2018 - this is due to ongoing technical issues which are persistently delaying the install. The current blood track system that controls the blood fridge locks remains very slow and is in danger of shutting down- the portable devices for bedside checks are failing so back up procedures of manual checks are being carried out. This risk of system failure has increased due to the ongoing delays so the risk assessment has been re graded to reflect this. Approved for Upgrade - new system currently being tested (27/6/17) Expected go live date 7th November 2017 - currently in the process of training - [11/10/2017]	
3585	19/02/2016	30/01/2018	Lincoln County Hospital	Corporate Services		CQC compliance risk	There is a risk that the Trust does not have enough blood tracking kiosks and they are out of warranty	This is caused by the kiosks not being able to be maintained. The effect is the Trust may not be able to provide blood in accordance with MHRA regulations. Kiosks used for Blood tracking and controlled access to blood fridges are out of warranty. Controlled access to blood products is outlined in Blood Safety Quality regulations and is part of the annual inspection process. There are 8 kiosks that control access to blood fridges within the trust however one of these is a training kiosk which would be available in an emergency situation if one were to break down. If this were to happen, there would be a negative effect on training which will impact on staff learning to use the system. 7th June 2016	All 8 Kiosks are currently functional including the training unit. MSoft Support contract in place for minor issues relating to blood track. 7/6/2016 Following major irreparable breakdown of Lincoln Laboratory kiosk, the training kiosk is now in use to provide and maintain service. Theatre kiosk was damaged whilst being moved to cover major breakdown - IT managed to repair minor damage. Following major irreparable breakdown of Lincoln Laboratory kiosk, the training kiosk is now in use to provide and maintain service. 7 kiosks remain functional with no back up in event of further failures. 8 Training will be impacted upon if training kiosk is used. 9 Temporary manual procedures will allow access to blood products to maintain service in event of breakdown. 10. training on live system to enable continuity of service.	1. Its highly unlikely that any breakdowns will be repairable as machines are no longer supported by MSoft and are outdated. 2. If breakdown occurs the Trust will be non compliant in meeting BSQR requirements and could face penalty as a result of this. 7/6/16 3. training kiosk is now in full use - no back up is available in event of further major breakdown. 4. No training kiosk facility for new users - new users are to be trained on the LIVE system which carries increased risk of error.	Blood will be released and stored in fridges but the trust will be non compliant with MHRA regulations for storage and access to blood products as access will not be securely controlled. Business case submitted and updated for upgrade of system	6	16	6	Richardson, Carol	Scott, Julie	[16/01/2018 09:44:38 Carol Richardson] 15/1/2018 (Carol Richardson) Launch of new system is planned for 23/01/18 - training is underway and the system is functioning as expected- lpoed are also being installed for launch on the same date - we do not expect any further delays. [12/12/2017 15:16:39 Carol Richardson] [12/12/2017 15:13:00 Carol Richardson] Current review of blood track Upgrade indicates the system will not be functional before January 2018 - this is due to ongoing technical issues which are persistently delaying the install. The current blood track system that controls the blood fridge locks remains very slow and is in danger of shutting down- the portable devices for bedside checks are failing so back up procedures of manual checks are being carried out. This risk of system failure has increased due to the ongoing delays so the risk assessment has been re graded to reflect this. Business case under IPB review April, May and June 2016 7th June 2016 - Business case updated with amended risk status. 19th September Purchase order raised for new upgrade of system - Risk remains unchanged until hardware is fully installed and running. 17th October - MSoft invoice for upgrade paid - awaiting implementation dates. Julie Scott update- 11.4.17 - Awaiting confirmation of installation dates following upgrades required to IT & electricity supply on all sites within ULHT. Carol Richardson to confirm dates as outlined in attached e-mail. Carol Richardson Update 25/05/2017 The electrical and network points are now installed and new kiosks are in place ready for connection- we are currently installing the TEST system and plan to validate this over the next few weeks - full roll out should commence July.	
3631	18/04/2016	29/01/2018	Lincoln County Hospital	Integrated Medicine - Lincoln BU	Respiratory Medicine	Clinical Risk	Harm to tracheostomy patients due to inadequate regularity of observations	Increased number of highly complex patients with significant acuity managed on Carlton Coleby at present, such as: - Patients with a tracheostomy in situ require increased level of observation and management, particularly to ensure monitoring for the 'Red flags' and avoiding infections / complications. - NIV: ward is equipped with monitoring facilities for up to 7 pts having NIV (L1 care - 1 to 3). Staffing does not reflect this potential acuity. This is L1 required care because of the observations needed to monitor these patients safely whilst undergoing this treatment. These patients are usually / often directly admitted to CC (DOH) and the clerking and care plan requirements on admission are therefore needed by CC and CC does not have 24/7 B6. - Elective activity (thoracoscopy etc) treated in treatment room, therefore not taken into account with the visible planned staffing numbers. Additional risk here as the location of the treatment room is down the main corridor, so away from the main staffing area and is either putting the elective pt at risk if nurse not in treatment room, or putting a bay pts at risk if nurse is away in the treatment room. These issues are caused / hindered by - The layout of the ward - Existing staff skill mix and lack of opportunity to address training needs - The staffing template for the ward The skills (L1) to care for CC patients and the Trust requirements concerning monitoring and recording of this, means the risk to patient harm is therefore increased as current workforce cannot meet this requirement	Controls in place - All band 5s are to complete the tracheostomy competency assessment, including the NPSAs e-learning - SOP to be updated concerning when CC are at full capacity so that the Op Centre can make an informed decision around movement of staff when site under pressure - Rolling advert to recruit to vacancies (band 2s - now up to establishment - and 5s) - Will approach PSCC for support with plans (NIV task and finish set up instead, Trustwide approach to simultaneous working) - Will liaise with Clayton who experience similar patients re sharing practice - Seek support from IPB following PSC for capital for monitoring beds Agreement to assess risk daily and book 4th RN at night when acuity high	The monitored beds is outstanding	Business case for permanent uplift in RN at night. Agreement with ICU to review all pts where capacity exists and support possible	12	16	4	Gibbins, Donna	Cleave, David	[02/01/2018 09:12:39 Gabrielle Hough] 29/12/17 - update from L Vickers - decision on staffing uplift still awaited [02/01/2018 09:12:36 Gabrielle Hough] 29/11/17 - update from L Vickers - decision on staffing uplift still awaited 22.11.17 - update from L Vickers - decision on staffing uplift still awaited 11.10.17 - discussed with L Vickers - despite similarities with 3109 these are different risks and both should be open. This risk has been regraded to be in line with 3109. UPDATE: awaiting decision on substantive staffing uplift This risk is part of Risk Number 3109 and therefore duplicate risk removed and closed. 17.08.17 - closed as per email/meeting with L Vickers	
3690	23/05/2016	02/02/2018	Lincoln County Hospital	Corporate Services	Facilities	Health and Safety	Water Safety Management	Failure to deliver compliant (under HSE ACOP L8, Water Regulations and HTM 04-01) hot and cold water services, thereby placing service users at risk of harm from legionella and other waterborne pathogens.	Controls described below in accordance with L8 and HTM04-01: 1) Estates Risk Governance process 2) Trust Water Safety Group 3) Policy and Procedure Documents, including applicability to contractors and 3rd parties working on and/or using water installations within Trust buildings. 4) Duty Holder, Responsible person, Site Deputy responsible persons and competent persons in place. 5) Appointed Authorising Engineer (Water) 6) Chlorine Dioxide Injection water treatment. 7) Planned maintenance regime in place including written scheme of works. 8) Site based Risk Assessments informing the Water Safety Group Management process. 9) Water sampling, temperature monitoring and flushing undertaken. Remedial actions taken in response to positive samples. 10) Communication Systems (A monthly report is submitted to the IPC by the AE).	1) Trust Water Safety Group not fully represented 2) Policy approved Dec 2017. WSP draft prepared Dec 2017 and currently being reviewed for issue by April 2018. 3) Lack of training of competent persons. 4) Lack of robust alarm monitoring systems and injectors approaching obsolescence. 5) The required planned maintenance regime to satisfy statutory legislation is not sufficiently resourced within the current financial quantum. 6) The site risk assessments are required to be reviewed against the water schematics which are currently being developed. 7) Lack of assurance that flushing regime is carried out by ward and department staff (including 3rd parties) (Despite the returns being submitted from wards and departments).	1) Process to be approved by Estates Environment Committee. 2) IPC to be informed of non attendance of meetings. 3) Implement the formal training programme as part of 18/19 revenue compliance resource allocation. 4) Requirements and costs for replacement equipment. 5) Establish and implement capital water safety improvement allocation 18/19 along side comprehensive planned maintenance regime utilising additional compliance funding. 6) Complete the production of site water schematics and engineering drawings (by Onkleaf). 7) Introduce standard exception reporting format. Additional resources bid for in Financial Plan. Reminders being issued to 3rd parties to highlight their responsibilities under HSE ACOP L8		16	16	8	Farrah, Chris	Boocock, Paul	[02/01/2018 14:58:23 Vicky Dunderdale] 02/01/18 Risk reviewed by SMT Risk ID 3944 added by IPC needs reviewing - Chris Farrah to discuss with Sandra Smirhtwaite
3720	10/06/2016	02/02/2018	Lincoln County Hospital	Corporate Services	Estates	Health and Safety	There is a risk of fire which would lead to the disruption/delivery of services due to an old and obsolete HV/LV infrastructure	Failure and lack of resilience in old and obsolete high and low voltage electrical infrastructure (i.e switchgear and cabling) leading to service users and staff harm and an increased risk of fire which would lead to the disruption and delivery of healthcare services.	Some PPM is carried out. Authorised engineer (low voltage electrical systems) has been appointed.	Lack of revenue and capital investment. e.g PPM regime not fully completed owing to lack of maintenance staff.	Compliance with statutory and HSE regulatory requirements Develop and update Electrical Services Policy and Procedures Escalate significant issues through formal governance systems Management of resources, communication, training and skills Development and implementation of compliance testing plan Promote planning and responding to issues in respect of electrical infrastructure Awareness of Roles and Responsibilities Monitor compliance 3rd party premises Populate NHS PAM / MICAD compliance evidence	16	16	5	Graham, Mr Mark	Farrah, Chris	[02/01/2018 15:29:39 Vicky Dunderdale] 02/01/18 Risk Reviewed by SMT [02/01/2018 12:42:25 Vicky Dunderdale] 02/01/18 commissioned a review of the HV / LV by OSSR which is associated with the Fire Safety Works	
3721	10/06/2016	02/02/2018	Lincoln County Hospital	Corporate Services	Estates	Corporate Risk	There is a risk of failure and non-compliance of Mechanical Infrastructure causing disruption to services and delivery	Failure or lack of resilience in mechanical infrastructure (e.g ventilation, steam, cold water, heating, medical gas pipeline systems and lifts) leading to service users and staff harm, leading to disruption and delivery of healthcare services. Some ventilation systems do not comply with current guidance. Potential risk of prosecution by HSE and CQC.	Some PPM maintenance carried out. Authorising engineers for water, ventilation and medical gas pipeline systems appointed. Statutory insurance inspections carried out by the Trusts appointed insurance company.	Compliance with statutory and HSE regulatory requirements Develop and update Medical Gas pipeline services policy and procedures Develop and implement of compliance testing plan Management of resources, communication, training and skills Escalate significant issues through Trust formal governance systems Awareness of roles and responsibilities Monitor 3rd party Populate NHS PAM / MICAD Compliance Evidence	16	16	9	Farrah, Chris	Boocock, Paul	[02/01/2018 12:35:33 Vicky Dunderdale] 02/01/18 Risk reviewed		
3722	10/06/2016	02/02/2018	Lincoln County Hospital	Corporate Services	Estates	Corporate Risk	Energy & Sustainability	Failure to deliver the required levels of energy performance and system resilience to support healthcare environments, along with inability to deliver a sustainable environment for the future leading to poor quality health outcomes, and poor EFM financial sustainability	BMS systems, Energy centre management contract (Lincoln & Pilgrim), some sub-metering in place. Compliance with Environmental legislation.	Compliance with national policy requirements Develop and update Sustainability policy and procedures Oversight and Management of Energy Performance Contract (EPC) Contract (EPC) Management of resources, communication, training & skills Escalate significant issues through Trust formal governance systems Awareness of roles and responsibilities Monitor compliance 3rd party premises Populate NHS PAM / MICAD Compliance Evidence	Compliance with national policy requirements Develop and update Sustainability policy and procedures Oversight and Management of Energy Performance Contract (EPC) Management of resources, communication, training & skills Escalate significant issues through Trust formal governance systems Promote planning and strategy in respect of Trusts energy performance Develop and implement of sustainable development management plan (SDMP) Awareness of roles and responsibilities Maintenance and reporting of compliance records Monitor compliance 3rd party premises Populate NHS PAM / MICAD Compliance Evidence	16	16	6	Farrah, Chris	Boocock, Paul	[02/01/2018 14:50:42 Vicky Dunderdale] 02/01/18 Risk Reviewed by SMT	

3732	17/06/2016	15/12/2017	Lincoln County Hospital	Corporate Services	Safeguarding	Clinical Risk	There is a risk of staff causing harm/injury whilst providing clinical restraint to vulnerable patients without any training	This is caused by the lack of training for staff in appropriate clinical holding / restraint, this leaves them and patients at risk of injury. Inappropriate restraint can cause injury and distress to the patient and could violate their human rights. Could result in criminal (assault) allegations and disciplinary action against staff if clinical holding / restraint situations are not handled appropriately. This would result in safeguarding referrals/complaints and potential litigation and adverse media for the Trust	New policy & training in place for Administering the Mental Health Act. Close working with LPT and liaison services. Draft Clinical Holding & Restraint Policy being consulted on. Training can be sourced but at a cost once policy approved, cost as yet unknown. Mental Health & Learning Disabilities Strategy Development Group established. Systems now in place between Trust security & operational teams to ensure communication & shared reporting to enable review of any incidents.	refer to risk assessment and proactive care and r	see risk assessment Jenny Negus appointed as strategic lead meetings set up with LPT	16	16	9	Negus, Jennie	15.11.17 - update from J Negus - policy developed, ratified and published. Process for review of incidents developed reporting up to Mental Health & Learning Disability Strategy Group. Completed training needs analysis and identified levels of training required. Risk remains the same score as haven't yet commissioned training or been able to train staff. See attached email. for discussion at Health and safety committee for funding for trainer. Jenny Negus to discuss with MH commissioners 03/12/16 - Jenny Negus's has lead for this now so might be best it remains a significant risk - LN, Safeguarding 12/04/17 - risk assessment updated; risk reviewed and updated by J Negus	
3738	23/06/2016	18/09/2017	Pilgrim Hospital, Boston	Pilgrim BU - Medicine	Respiratory Medicine	Clinical Risk	There is a risk that insufficient Registered Nurse staffing levels can be maintained in Respiratory Medicine	This is caused by vacancies and sickness. This has a significant impact on patient safety / experience and staff moral. The ward currently has a gap of 68% of registered nurses. Vacancy 9.28 + 2.0 on mat leave + 2.0 on long term sick = 13.28 unavailable of work of establishment of 19.48. 1.8 NQN due to start in October 2016 and 4 overseas nurses allocated but start date is not imminent as pending successful registration by NMC. The staffing levels currently pose a risk of increased harm to patients, staff morale, training and education, appraisal rates and reduce time for the ward sister to undertake management role.	Temp Band 7 in place providing accessible and visible leadership E rostering policy Absence management policy Matron sign off for each roster Senior presence on site 24/7 in form of Matron or SDM Operational Matron in place daily (mon - fri) who has overview of the site, moving and redeploying staff, where possible to maintain safety of numbers and skill mix Bank and agency availability Matron visits ward daily (mon - fri) agreement for overtime where required Weekly Nursing and Midwifery & allied Health Professional meetings weekly led by DON Overseas recruitment programme in place Risk Summit re staffing arranged by DON updates 10 may 2017 running a joint rota with ACU to ensure substantive staff cover on each shift	Ward Sister is working predominantly clinically in order to facilitate and provide patient care. This has an impact on her ability to undertake her management role effectively and in a timely manner. This could also impact on her ability to produce a timely and effective e-roster, with a further impact on the inability to manage staff in accordance to the managing attendance policy. Despite having bank and agency availability there is a risk that unfilled shifts remain unfilled due to lack of available staff. Overseas recruitment plan is lengthy and not a short term solution. update 10 may 2017 block booking of 4 agency staff has allowed us to train them in the speciality and rota them long term	Where possible the ward sister will be supervisory in order to undertake her management role, however patient care is the priority and will always be the sisters priority on the daily basis. This is risk assessed on a daily basis by the matron who liaise with the operational matron to redeploy staff where possible. Permission given by DON to block book agency staff to help with the fill rate and continuity of staffing. update 10 may 2017 continued block booking of the same agency staff	20	16	8	Simpson, Jennifer	Skinner, Maxine	reviewed 09/10/16 substantive sister now back, x2 NQM just started. Ongoing with recruitment. Asked matron to ensure presence on the ward every day to assist with management issues. Maxine Skinner. 23/01/2017 - In review with DK and above comments risk score reduced to 16. Reviewed 10/05/17 substantive sister now moved wards, temporary sister covering both 7b and ACU to allow a joint rota to ensure substantive ULHT nurse cover on every shift. continued block booking of agency staff who are now in training for NIV and tracheostomy care
3768	24/08/2016	08/01/2018	Lincoln County Hospital	Clinical Support Services	Choice, Access and Booking	Clinical Risk	Risk of potential harm to patients due to unavailable casenotes and/or required health information resulting in delayed care	Quality and performance issues across the health record life cycle development of the Clinical Records Taskforce to support the development of a HR/ABC/OPD Business to uplift rostering requirement 2. Capacity & Demand review - completed 3. Trust-wide Communication & Awareness raising	1. Escalation to Clinical Records Committee resulted in going to IPB on 05/04/17 IPB partially funded the business case which has resulted in no increase in staffing as the funding as made bank staff substantive. Return to IPB in May 17 to secure further funding.	There continues to be no immediate solution. The BC is going to IPB on 05/04/17 IPB partially funded the business case which has resulted in no increase in staffing as the funding as made bank staff substantive. Return to IPB in May 17 to secure further funding.	Present BC to IPB 05/04/17 Return to IPB in May 17 to secure further funding. By the implement of dedicated site based health records managers currently case note availability audits are being undertaken which is a one year rolling programme. Each speciality will be audited for 1 week twice a year. Audit have shown improvement in case note availability, 95% target and 91% achieved.	12	16	9	Sharpe, Mrs Dianne	Lalloo, Yavenuscha	18/12/2017 15:31:58 Gabrielle Hough 18/12/17 - moved updates from Action Plan to Mitigate to Notepad section 07/12/17 DS - Weekly audits are still continuing and Cycle 3 started WC 23/10/17. The Casenote Availability for Sept = 94%, Oct = 99% and Nov = 99%. At the recent CIC (12/11/17) we were asked to report on the number of Temporary notes which are being provided for clinic and this has been included into the audit from WC 11/12/17 and the results will be fed back to the committee in January. 08/09/17 DS - Casenote Availability during Aug is 98% but rolling % for Cycle 2 is 93% 03/08/17 DS - Weekly audits are still being undertaken and the Current Casenote Availability is now 92% Updated with AS 05/04/17 Updated with GG AS 05/05/17
3787	29/09/2016	31/01/2018	Pilgrim Hospital, Boston	Pilgrim BU - Surgery	Ophthalmology	Medical Device Risk >ESK (Capital)	Replacement Laser ophthalmology laser PHB	This is caused by the Nidek YAG laser being 12 years old. This is nearing the end of its useful life. This equipment needs replacement. PC09292 - Date of Installation 01-02-2005 This could lead to patients not being treated in a timely manner	Replacement before patient suffer due not being able to have timely treatment. There is no spare machine available at PHB. MDG moderated the risk to 12. Unit is serviced every 6 months Currently on a twice yearly planned maintenance service contract which also includes call-outs	The Nidek YAG laser is 12 years old. This is nearing the end of its useful life. This equipment needs replacement.	refer to MDG	16	16	6	Moore, Danielle	20/12/2017 09:25:09 Gabrielle Hough MDG Update 19/12/17 - the MDG does not support the risk level estimated by the clinical team. Support is still available for this equipment - there are higher priorities for the replacement of other equipment which is working but is completely out of support. VL assigned manager of this risk and to proceed with investigation LK CS on behalf of PH: MDG are aware of the need and will prioritise it through their monthly meeting. Review 2/8/17: Risk remains - Clinical engineering and medical staff are monitoring Laser performance.	
3814	11/11/2016	17/08/2017	Lincoln County Hospital	Corporate Services	Human Resources	Corporate Risk	Lack of capacity in HR	The lack of capacity in HR and the risk to our ability to recruit and manage individual employee relations cases in a timely and appropriate way. Update 12.4.17 - Limited capacity in HR/OD inhibits our ability to manage the basic workforce functions well (employee relations/recruitment) and take forward the initiatives in the 2021 Programme that supports its delivery and address the issues raised in the CDC report	Updated 12.4.17 - People Strategy Work Programme issues we prioritise and timescales reflect the resources available. Temporary resources have been allocated, which have had an impact on performance weeks. Updated - 16.6.17 - Additional resources allocated to the base budget. Additional capacity in place for priority projects. Restructure underway	Updated 12.4.17 - Additional resources allocated to date are temporary Updated - 16.6.17 - Completion of restructure in September	Update 12.4.17 - Business cases going to IPB in April for additional project resources in four areas. In discussion with Finance around a new structure for HR and the potential investment required Updated 16.6.17 - Additional resource allocated to base budget and restructure to be completed Updated 13.7.17 - Additional capacity has been brought in. Restructure progressing Updated 23.1.18 - Restructure was passed ue to financial position of Trust. Has added to capacity problems and staff unhappiness (causing some to leave). New structure to be put in place for 1st April 2018	16	16	6	Rayson, Martin	Validated 12.4.17 by Angi Smith in line with Martin Rayson attached e-mail update.	
3850	21/02/2017	11/12/2017	Lincoln County Hospital	Corporate Services		Clinical Risk	Patients are at risk of receiving either delayed or less than ideal treatment due to an increased risk that blood culture sample	The Trust has consistently reported a contaminated blood culture rate higher than the nationally recommended target Higher contaminated blood culture rates could lead to delayed diagnosis and therefore timely effective treatment. This could lead to avoidable patient deterioration	*Biking Blood Cultures clinical guidelines in place *Site Infection Control Meetings and associated action plans *Monthly risk report on Infection Control and Prevention *Blood Culture packs introduced *Septic Nurse in place for CH and Pilgrim	see risk assessment	see risk assessment	16	16	4	Bagshaw, Victoria	21/02/2017 - risk uploaded to risk register. Risk assessment discussed at the Trust's Infection Control Meeting on the 08/02/2017 and risk rating agreed. To review in three months - PS 19/05/2017 - improvement plans in place for each site - grantham some improvement noted but Trust figure still 7% so risk remains unchanged. New IPC lead commences in June and will lead a Trust task and finish group 19/10/2017 risk handler changed to VB as leads IPC agenda. Risk remains unchanged	
3923	24/07/2017	31/01/2018	Pilgrim Hospital, Boston	TACC - Boston	Anaesthetics	Clinical Risk	Theatre chiller units	Theatre 9 and 10 temperatures cannot be controlled in warm weather with the temperatures going above 25 degrees. This results in surgery being cancelled as it is an infection risk with orthopaedic implants. New chiller units were put into place on the roof of ground floor theatre but not connected up. The system for the rest of the ground floor complex needs to be reviewed as theatre 3 has been too cold resulting in local anaesthetic cases being cancelled	*Biking Blood Cultures clinical guidelines in place *Site Infection Control Meetings and associated action plans *Monthly risk report on Infection Control and Prevention *Blood Culture packs introduced *Septic Nurse in place for CH and Pilgrim	cannot mitigate for warm weather	The permanent chiller units need to be connected and a robust plan for updating the rest of the theatre complex	16	16	6	Cook, Steven	Farrah, Chris	23/08/17 e mail sent to CF and KB to update register and to discuss governance meeting LK aware.
3951	23/10/2017	28/12/2017	Lincoln County Hospital	Clinical Support Services	Pharmacy	Corporate Risk	Non-compliance with standards for aseptic preparation of injectable medicines: Quality Assurance of Aseptic Preparation Services	Key elements are inadequate staffing resource / skill mix and ageing fabric of the aseptic units. In January 2017 a gap analysis identified 51.1% compliance with the required standards. An action plan was developed following the gap analysis. However, there has not been sufficient progress in the work required to comply with the standards mainly due to inadequate resources / skill mix in aseptic services and the ageing fabric of the current units. Main risks identified. * No up-to-date list of high-risk injectable medicines in use within ULHT. Best practice is that a list of NPSA 20 risk ratings should be available for all injectable medicines prepared in clinical areas. * Stability assessment of products. Shortest practical expiry not allocated to products. Most products have 7 days expiry. No reference sources to the expiry date assigned. A few incidents have recently been identified where no appropriate stability assessment and inadequate expiry dates were assigned to products. * Training records of all staff members need reviewing/updating. Not all pharmacists releasing aseptic products have been trained to product approver standards. No aseptic training records are available for all the staff working in aseptic services. * Inadequate resources for the implementation of a robust Pharmaceutical Quality System. * Capacity plan not regularly reviewed and discussed. ULHT currently have two pharmacy aseptic units, one based at Lincoln County Hospital, the second at Pilgrim Hospital. Both units provide aseptic dispensing services including chemotherapy (and clinical trials), Total Parenteral Nutrition for both adults and neonates and a limited range of other (lyotoxic and intravenous) products. The aseptic unit at Lincoln County Hospital is a 13 years old modular purpose built facility whilst the smaller facility at Pilgrim Hospital is approaching 18 years. Both units are showing their age both in respect of general repair and compliance with national and EU standards. The following are some of the current problems identified: * Pilgrim: i. Exterior air handling unit is ageing - Risk of product contamination, air handling unit failure leading to	Regular monitoring of unit performance and antimicrobial contamination e.g. air pressure monitoring, pressure differentials in rooms and isolators, microbial growth plates. Temperatures chiller units are in place at present to mitigate the risk of cancellation- although these also failed to deal with extreme temperatures in July 2017	Air pressure monitoring will highlight risk of contamination but doesn't give information on actual risk. Microbial plates take 2 weeks to provide results therefore any contaminated products aren't identified until after they have been issued and administered to patients.	Write and submit business case for new aseptic unit in line with East and West Midlands Aseptic Services Review which is part of a national review of NHS Aseptic Service provision. Review staffing resource available to aseptic services within wider pharmacy staffing and develop training plan to ensure sufficient staff are trained and available to meet aseptic service needs. Develop business case where additional staff investment is required. This includes consideration of locum/agency staff to deliver specialised skill not available within current workforce and re-deployment of vacant posts to provide opportunities to recruit suitable staff.	16	16	4	Marin, Francisca	Costello, Colin	
298	25/02/2012	05/01/2018	Pilgrim Hospital, Boston	TACC - Boston	Critical Care	Clinical Risk	Delayed discharges from ICU	Problems frequently encountered when discharging patients to ward beds. Bed pressures within the hospital are such that discharges are delayed (especially medical patients), often resulting in delayed admission of elective patients, deferred elective admissions, or cancellations. Emergency admissions often delayed in A & E or on the wards. This risk compromises patient safety and experience. National performance (and by extension reputation) are poor.	Plan discharges for complex patients. SOP for discharges in place issues remain when site under pressure	*		20	15	15	Latham, Karen	Bailey, Karen	18/12/2017 15:39:38 Gabrielle Hough December 2017 - email from K Latham - risk remains pertinent and no current improvement in delays - see attached email CS: 11/10/2016: This risk is relevant. Approximately 20-30 IRIs documented regarding delayed discharges for wardable patients from ITU. In terms of trend analysis there has not been any improvement. KL 12/05/17: Risk remains relevant. Delayed discharges, especially to medical wards continues to be a major problem. KL 08/06/17 - discussed ITU meeting May 17 21.06.17 Risk discussed at TACC governance meeting with matron, HCN and CD present. Matron to liaise with Nottingham who have no issues with this and will be discussed with Mid Trent Critical Care Network. LK 25/8/17 - discussed at governance meeting. continues to be a risk. SOP in place. matron & HCN aware. Sept 17 - discussed at ITU governance meeting.
311	05/01/2007	08/01/2018		Clinical Support Services	Choice, Access and Booking	Corporate Risk	Poor Quality Health Records	Primary issue of poor quality records that require merging. This poses a risk to patients care provision. Prior to the introduction of the U numbered health record a variety of numbering systems existed in the Trust. Despite previous efforts, the physical merge of all ULHT records has never been completed, so approximately 40,000 of "current treatment" patients have multiple sets of records. This presents a clinical risk as there is no complete health record available for such patients when they attend each site. From July 08-April 09 27,000 patient records have been merged funded by IPM. This funding is no longer available. Currently patients and casenotes are identified by their unique case note number. In IPM (from 19/10/2009) all patients and casenotes can only be identified from 1 number (based on the U number system). All the multiple sets of records will be attributed to the same ID and will be unidentifiable. The impact of the 40,000 active patient records is the need to run a separate system to match individual record IDs, that will take 3 times as long to use, with no uniform method for running clinic pulling lists as old tracking history is not on IPM (will be on a legacy) and will cause considerable disruption for all patient contacts with the Trust. Merging at this stage will create an inevitable reduction in service in health records and exacerbate the workload issues. IPM project board aware - no resolution achieved at current time. As time passes by after implementation the impact will reduce, although difficult to estimate the period of most significant disruption (Est 3-6months).	IPM project board aware. Merging when preparing for attendance when records are "quick and easy" to complete. Risk based decision to not merge records over 5 yrs old that are in off site storage.	No facility (resource) for merging, repairing or volumising of notes.	IPB have approved 13 wte for 1 year to repair, volumise and merge notes as many notes as possible in that timeframe. Scoping of turnaround complete, awaiting releasing of funds and plan for recruitment/backfill. Monthly update to Outpatient Improvement Committee.	15	15	6	Sharpe, Mrs Dianne	Lalloo, Yavenuscha	11/12/2017 09:19:03 Gabrielle Hough 20/07/17 DS - Merge teams are now in place, after temp accommodation was secured for the PH team. During June they merged/repared/volumised 685 sets of notes. 03/08/17 DS - During July the Merge Team merged/repared/volumised 1175 sets of notes. 08/09/17 DS - During Aug the Merge teams merged/repared/volumised 1469 sets of notes (31 short of the months target but a lot of large notes (including ones in boxes) were volumised) 07/12/17 DS - Merge teams are still in place @ LC & PH sites and continue to make good progress, they have merged/repared/volumised 2007 sets of notes in Sept (7 over target), 2623 in Oct (123 over target) and 2662 in Nov (21 under target). 20/07/17 DS - Merge teams are now in place, after temp accommodation was secured for the PH team. During June they merged/repared/volumised 685 sets of notes. 5.5.17 - George Gaunt to train the outpatient leads team to use and upload documents on Data to facility monthly update. Date set for 27/06/17 at 9am.

361	16/02/2007	05/12/2017	Pilgrim Hospital, Boston	Corporate Services	Information & Communications Technology	Corporate Risk	There is a risk of water damage to the Pilgrim Computer Room.	This is caused by the Pilgrim main Computer Room being situated directly beneath water pipes and water tanks. There has been occasional water damage to the computer equipment and to IT servers. In the event that there is a major leak - 1. Significant damage by water ingress, which renders the equipment unusable leading to significant finance cost of circa £4k - £500k 2. Significant Clinical & Operational impact due to loss of ICT Core services and telephony. 3. Potential risk of electrical fire and subsequent fire damage In 2015 Pilgrim site suffered a significant loss of ICT services due to flooding and equipment damage. Impact of lost equipment was £32k and total loss of service to the site and connected sites was 8 hours.	There are currently no controls in place as burst pipes cannot be mitigated or predicted. 1. The current proactive approach is to reduce the amount of IT equipment in the computer room with a view to work toward making Pilgrim the 'back up' centre with Lincoln highlighted as the primary data centre. 2. There is funding in 2017/18 for the development of second computer room in Medical Physics Department of Pilgrim with a view to then reviewing this existing space and looking to relocating equipment as necessary.	As the room cannot be relocated due to the fibre runs to departmental cabinets, another second computer room space needs to be ideally identified, to increase resilience to the site. Identify a second location/space to develop another computer room to add resilience to the infrastructure within Pilgrim Hospital. ICT have split the comms equipment, but depending on the route further water takes, a further outage could occur. Another location has been identified and agreed in medical physics. Funding has been approved and work is to start in Sept 2017.	The room ceiling ideally needs properly Tanked to reduce the risk of water leaking through. Water detectors need installing, to alert facilities and ICT of a leak so early action can take place. Identify a second location/space to develop another computer room to add resilience to the infrastructure within Pilgrim Hospital. Another location has been identified and agreed in medical physics. Funding has been approved and work is to start in Sept 2017.	15	15	1	Gay, Nigel	Gay, Nigel	21st Aug 2017 - Risk linked to Risk 3761 as essentially they have the same mitigation - that being the development of a second computer room. Risk updated to reflect this.
1426	30/09/2008	31/01/2018	Lincoln County Hospital	Clinical Support Services	Clinical Imaging	Medical Device Risk >€5K (Capital)	4 x Orthopantomographs Replacement	Joint risk for 6 OPT's @ Lincoln, Boston, Louth, Gainsborough and Grantham, Spalding 1x Lincoln installed 2001 1x Boston installed 2001 1x Grantham installed 2000 1x Louth installed 2003 1x Gainsborough installed 2004 (machine second hand at installation approx 13 years old) All equipment surpassed the recommended replacement date. Medical Physics identified the machine is giving slightly fluctuating radiation levels, but within acceptable limits. Aging equipment now outside recommended replacement criteria of the Royal College of Radiologists. Two major repairs in recent years. Increased downtime can be expected as equipment gets older. This is the only dental unit at GGH and is continually used. 7/12/2011: IPB noted need to understand Clinical Strategy: Whilst these systems are required - are they required on all sites? Diagnostics work required in cooperation with clinical service - what will their demand profile look like.	(1) Fully comprehensive maintenance where possible (2) Divert patients to other sites during periods of downtime and servicing etc. No alternative equipment available on individual sites. Patients would be required to travel to other unit within the Trust. Would have to redirect all GP dentistry and Oral surgery to another site or out of the trust completely.	COMPLETE REPLACED WITH ID 2804	DONE	2	15	2	Clark, Paul	ABRA	[22/12/2017 15:15:12 Nigel Allen] Please note - outstanding to replace are Boston, Spalding, Louth and Gainsborough. ie 4 to replace, in situ are Lincoln and Grantham. Funding to replace Boston in December 2017 for install and commissioning by 310318 [22/12/2017 15:09:41 Nigel Allen] 22.12.17 Of the 4 digital OPT units required, 2 in situ (Lincoln and Grantham). Outstanding are Boston and Spalding. Funding given to replace one unit in December 2017 for installation and commissioning by 310318. Spec with Supply Chain. [20/12/2017 09:26:21 Gabrielle Hough] MDG Updated 19/12/17 - funding allocated for 2 OPGs in October 2017 Update 13/10/17: Lincoln and Grantham units have been replaced with digital machines Boston, Spalding, Gainsborough and Louth remain outstanding re replacement. Spalding machine has been out of action for 4 weeks due to having to source parts. When cable was sourced, it was the wrong length which added another week to the downtime. There are now 80- OPT's waiting to be undertaken. Patients can travel to other sites, but often children/elderly. Now a serious concern regarding Spalding and ongoing availability of this unit. Risk therefore increased to 15 6 November - no charge to above re Spalding and Boston [12/12/2017 17:40:05 Laura White] LLW 12/12/17 have had another meeting with estates. The bid for enabling work is due to go out in Dec. Enabling work is set for early next year. The MHRA are not happy with the state of the facilities and wish a monthly update of the Radiopharmacy. They have also asked for some testing that will require manufacturing to stop for at least a week but more likely 2 weeks. During this time we will only be able to perform non-technicum work and urgent studies. The unit is on "borrowed time" - if any part of the equipment fail it will result in no production for nuclear medicine and stop the whole trust service (as this radiopharmacy provides for Grantham and Boston). LLW 3/6/2017: The contingency plan with Nottingham means that at least a short term urgent service can be provided but this is not a long term solution. It is noted that if the money was given tomorrow for a new isolator the company has told us it is likely to take 9 months from order to delivery. 24.4.17 Validation update - from Julie Pipes via Angi Smith - IPB outcome is provisional agreement moving forward. Formal notification expected from Julie by end of w/c 24.4.17. LLW: 15/6/2017: We have been told that the case has been approved by Trust board but are waiting for official confirmation and a cost code. LLW: 3/8/2017: subsequent to the fire notice all capital spend is on hold until the trust can have more money. A working group has been compiled and plans to meet monthly. The project is being worked up and the user specification document is being produced. Current main concern is that the only engineer who is trained to service these cabinets is due to retire later this year. Next date for review 31/8/2017.
1825	07/10/2009	12/01/2018	Lincoln County Hospital	Clinical Support Services	Nuclear Medicine	Clinical Risk	There is a risk that manufacturing of radiopharmaceuticals essential for Nuclear Medicine procedures could not be carried out.	This is caused by aseptic cabinets are beyond useful life and becoming unreliable. This could lead to the manufacturing of radiopharmaceuticals essential for Nuclear Medicine procedures are Lincoln and Grantham to be interrupted if they fail. Full business case done in 2012, which resulted in the centralisation of all radiopharmaceutical production on the Lincoln site (Boston closed). Full upgrade costs were done (£300k), but work was not funded. PSC Feb 2013. Boston also now dependent, so risk increased. Feb 2014: MHRA inspection due this month, which will almost certainly result in an adverse report, with strong recommendation for urgent upgrade. 24 Sept 2015: Updated outline business case submitted to Trust's IPB for consideration of inclusion in the capital programme for 2016/17. PSC. LLW Nov 2016: The unit is due it's MHRA inspection soon (it was actually due in October 2016). They are not happy with the current arrangements as it does not fit with the updated regulations and need addressing. They are keen that the upgrade happens and are unlikely to renew licence without some progress. LLW 6/3/2017: The MHRA inspection has been delayed due to lack of inspectors. It is expected they will now come in April 2017 (as that is 3 years after our last inspection, the maximum possible). LLW 6/3/2017: Feedback from the IPB meeting of 8/9/2016 was that we can get a design team to take scheme to tender stage. The next meeting with the architects and estates is 9/3/2017. It is hoped we will have some quotes for the next IPB meeting of the 21/3/2017. The project is going to be considered for the next financial year 2017/2018. LLW 13/3/2017: Meeting with estates and architects and engineers. It has become apparent that the roof	Regular and careful monitoring and maintenance. Regular QC procedures. System operational, but ongoing reliability problems as all equipment and general fabric of facility becomes older. LLW 6/3/2017: A Contingency plan is in place with Nottingham. If the facility falls then Nottingham have agreed to help us. This is not something they can do long term and would be a temporary solution until our facility is repaired. They will not be able to supply all the kits we would need and it would impact greatly on the clinic times. It is not possible for them to start this immediately. There would likely be a down time of approximately a week or 2 to establish the service. WRT to equipment: The engineer has informed us that he will retire at the end of the year. He is the only person with the expertise to repair/maintain these aged systems.	Basically the equipment is so old there is only 1 engineer in the country who can deal with it. There is also minimal parts as the equipment is now obsolete and being replaced in most units by new systems. LLW 6/3/2017: It is now likely that if any of the equipment breaks the parts will have to be made bespoke for them. This would obviously impact on the downtime for the facility. WRT to Nottingham their cover is for emergency short term failure of our equipment. It is unlikely that we will be able to sustain the service at 3 sites and will impact on the time we would receive the kits. This will impact on the times for patients/staff and also breast surgery.	WRT to equipment this is out of our control (apart from careful use of all equipment to prevent accidental damage). LLW 6/3/2017: It is likely patients will have to travel more for tests as we will not be able to offer the tests at each site (as we will be limited to the number of kits Nottingham can produce for us). LLW 6/3/2017: The contingency plan with Nottingham means that at least a short term urgent service can be provided but this is not a long term solution. It is noted that if the money was given tomorrow for a new isolator the company has told us it is likely to take 9 months from order to delivery. 24.4.17 Validation update - from Julie Pipes via Angi Smith - IPB outcome is provisional agreement moving forward. Formal notification expected from Julie by end of w/c 24.4.17. LLW: 15/6/2017: We have been told that the case has been approved by Trust board but are waiting for official confirmation and a cost code. LLW: 3/8/2017: subsequent to the fire notice all capital spend is on hold until the trust can have more money. A working group has been compiled and plans to meet monthly. The project is being worked up and the user specification document is being produced. Current main concern is that the only engineer who is trained to service these cabinets is due to retire later this year. Next date for review 31/8/2017.	16	15	2	White, Laura	White, Laura	20.11.17 - update from B Gallen - deceased template has now gone live. Presenting a paper to GGC in November requesting a change to the eDD system - the eDDs to be automatically sent prior to midnight. Planning to put the letters on hold if the committee agree with the new proposals. 12.09.17 - update from B Gallen - presenting a paper to GGC on eDD as part of their risk management processes (apparently eDD has been a risk since 2010 so they are doing a deep dive on historical risks). We are still ongoing with the monthly meetings. Going to get the consultants accountable - meeting with Richard Andrews next week (has agreed the process with Neil. Deceased template going live on the 19th September 2017
2045	07/05/2010	20/12/2017		Corporate Services		Clinical Risk	eDD compliance	The eDD is not completed for all relevant patients in a timely way, leading to hazards of: GP communication SA requirements target Patient handover to GP's and primary care services may be delayed impacting on the quality of care provided Medication inaccuracies on discharge Barriers include: conflicting priorities in day to day activities, workload pressures for junior doctors, skill mix within teams and cross cover when on leave, on call etc	Medical staff encouraged to complete eDD the day prior to discharge Local ownership at ward and department level in most areas. Standard Operating Procedures clarifying responsibilities and timescales. Task & Finish committee meet weekly (chaired by Medical Director) Policy developed highlighting patients not to be discharged without their eDD Compliance data distributed monthly	1. Staff not adhering to policy 2. eDD data demonstrates we are discharging patients without their eDDs and not achieving our target. CCG will potential fine us if we do not improve compliance 3. Departments with high proportion of non compliance of sending eDD's. Oct 16 - March 17 there were 4/8 wards at Grantham, 7/25 at Lincoln and 12/24 at Pilgrim who were less than 90% compliant 4. GP's not informed when patients are deceased therefore eDD stays on the system 5. Completion of eDD can be time consuming 6. Staff inappropriately removing eDDs	eDD committee will be responsible for the following actions: 1. Escalation process being developed when eDD not completed on day of discharge - May 2017 - completed 2. eDD compliance a standing agenda item on speciality governance & SOP being reviewed - May 2017 - completed 3. Discussion with clinical leads to develop action plans to improve compliance - April 2017 - completed 4. Deceased template being developed (eDD will convert to a deceased template for all staff to complete) - Aug 2017 5. Different templates developed depending on LoS and eDD system continually being updated - April 2017 - on going 6. Restricting who can remove eDDs (Application Development) - April 2017 - completed	15	15	9	Gallen, Bernadine	Hepburn, Dr Neill	20.11.17 - update from B Gallen - deceased template has now gone live. Presenting a paper to GGC in November requesting a change to the eDD system - the eDDs to be automatically sent prior to midnight. Planning to put the letters on hold if the committee agree with the new proposals. 12.09.17 - update from B Gallen - presenting a paper to GGC on eDD as part of their risk management processes (apparently eDD has been a risk since 2010 so they are doing a deep dive on historical risks). We are still ongoing with the monthly meetings. Going to get the consultants accountable - meeting with Richard Andrews next week (has agreed the process with Neil. Deceased template going live on the 19th September 2017
2345	27/06/2011	31/01/2018	Lincoln County Hospital	Integrated Medicine - Lincoln BU	Cardiology	Medical Device Risk >€5K (Capital)	Rolling replacement Diagnostic ECG Machines Trust wide	Rolling replacement programme. March 2017 LCE21506, LCE21505, LCE21544, LCE17026 all >15years old, but working. Recommendation for March 2017 MDG mtg: hold replacement until connectivity of Philips TC20 resolved. Oct 2017 - still some problems.	Clinical Engineering service and maintain the equipment as best they can. Ongoing replacements in small numbers as funds allow.	Lack of funds to replace	MDG / IPB representation Update 24/04/17 Discussed at Medical Devices Group Meeting Identified as a priority for funding in 17/18. Capital to be allocated	15	15	4	PJ	Hacking, Chris	[20/12/2017 09:28:15 Gabrielle Hough] MDG Update 19/12/17 - allocations continue for this rolling programme. Hardware issues close to a resolution from Philips (manufacturer) - still another 45 units to replace at £5.1k each. Rolling replacement programme
2362	13/07/2011	11/09/2017	Pilgrim Hospital, Boston	Pilgrim BU - Medicine		Clinical Risk	Weighing facility for bariatric patients	Weightbridge now removed due to condition and no replacement is imminent (31 Jul 15)	Most wards now have access to the Maximize hoist (ArjoHuntleigh) which has an integral weigh system - the hoist can weigh up to 35 stone / 227kg. However, this system is not appropriate for all patients e.g. the critically ill patient. Currently A&E have 2 pieces of weighing apparatus for larger patients including a set of weigh shoes and a wheelchair platform. these are mobile equipment designed to be taken to any area that requires them People Handling Policy Protocol for the management of bariatric patients Clinical protocols for treatment of patients Incident reporting procedure	Patients are not weight on arrival at A&E. Bed Bound patients are required to be hoisted to be weighed if the weight of the bed system is not known.	Several quotes have been obtained by the H&S team for a replacement weigh bridge (latest Nov 16), see email trail attached	15	15	6	Cryan, Rachelle	DeJonge, Simon	11.08.17/JT - No further developments on Weigh bridge in A&E. Further update/details requested from facilities. If no longer required Risk could be closed?
2457	21/11/2011	31/03/2018	Lincoln County Hospital	Clinical Support Services	Clinical Engineering	Medical Device Risk <€5K (Revenue)	Trust Automatic Defibrillator replacement programme	The Trust's has a large number of AEDs that are coming to the end of their operational lives and will be largely out of support. A scheduled replacement program must be put in place to ensure that patients are not put at risk. Predicted net cost / year: 2012 £6,000, 2013 £8,000, 2014 £2,000, 2015 £74,000, 2016 £58,000. Jan 18: Next standardisation Louth - 7 units at £1584-VAT. Phase 1: 2012_13 - £6000	Resuscitation Services and Clinical Engineering use their best endeavours to ensure that equipment is available and maintained to the best possible standards. Limited replacement of AEDs on rolling programme using MDG revenue budget The next meeting of MDG is 25-OCT-2017, but if, at a corporate level more revenue can be found, the MDG will continue the rolling replacement of older AEDs until older units fully replaced.	Unable to maintain room at reasonable temperature. Infection control risk if surgeons sweat drips into open wound. Risk of patient overheating / fainting.	Cancel theatre list when room is too hot Continue to monitor room temperature and report findings - review risk in one month	15	15	6	Duncan, Beverly	Lalloo, Yavensusha	4/17/18 Bus manager asked to review risk update 18.5.17 This risk remains unresolved. Current status is as follows: To be completed Danielle. Room is currently in use by both dermatology and ophthalmology for removal of skin cancers and ocoloplastic surgery. Infection risks remain the same. Update: 26/5/17: Risk reviewed and amended. Risk remains, further mitigating steps to be attempted and re-evaluated in one month with further daily temperatures being monitored. Update 2/8/17: Risk remains. Facilities involved to advise regarding air-conditioning costs for room
2782	27/12/2012	05/12/2017	Lincoln County Hospital	TACC - Lincoln/Louth	Not Applicable/ Available	Health and Safety	HSE Management Standards for Work Related Stress: Demands	Increased issues with capacity and demand in relation to achieving 18 weeks, cancer waits and trauma targets. Constant requests for extra lists at short notice. Increased support required for obstetrics and CEPOD cover Increased use of agency staff Reviewed 30/1/15 Ongoing Risk	ULHT policy for the Management of Work Related Stress HR policies Management support to manage demand through 642 process Demand & Capacity Lists at Weekends Use of bank & Agency staff to meet demands Monthly performance meetings.	Level benchmarking used to monitor performance. Robust SLM data.	Revised performance management regime in place as of Dec 17	15	15	4	Clark, Mrs Bridy	Clark, Mrs Bridy	[06/12/2017 15:07:57 Gabrielle Hough] 06.12.17 - update from M Morton - please see email attached - whether risk score can be reduced 13.10.17 - risk updated via email by N Morton
2842	24/02/2013	05/01/2018	Lincoln County Hospital	Corporate Services	Finance	Strategic Risk	Lack of an effective performance management framework	Without a robust performance management framework, the risk to control of financial and other aspects of performance is inadequately controlled.	Level benchmarking used to monitor performance. Robust SLM data.	Revised performance management regime in place as of Dec 17	15	15	9	Morton, Mr Neil	Brown, Karen	[06/12/2017 15:07:57 Gabrielle Hough] 06.12.17 - update from M Morton - please see email attached - whether risk score can be reduced 13.10.17 - risk updated via email by N Morton	
2862	19/03/2013	04/12/2017	Pilgrim Hospital, Boston	Women and Childrens BU	Gynaecology	Clinical Risk	Under establishment of registered & unregistered nursing work force on inpatient area - M2.	Lack of appropriately trained staff available to ward to offer a safe service. Service is heavily reliant on bank and agency staff. Staffing establishment does not meet needs for Gynae Emergency admission. High number of medical outliet continues to impact on workload to staff ratio.	*Ward manager ensures that the roster is covered with a substantive member of staff on each shift. *Regular use of bank and agency staff is authorised by Head of Nursing. We have accelerated escalation procedures. [18/4/2017] Site team supportive in closure of beds on M2 in preparation for move to the new build. No date confirmed for move. beds are used as required but closed as soon as possible to maintain safety.	Risk assessment regarding the acuity of medical outliet placed on the ward. Site team to communicate with the ward team regarding the transfer of patients from A&E as ward attenders.	1) Matron planned meeting with Finance manager. 2) Ward Manager has liaised with the Site Duty Manager regarding the acuity of patients to be placed on M2 and escalation procedures. 3) Business Manager has spoken to Deputy Director of Operations on site regarding concerns with capacity pressures enforced on the ward from A&E. June 2016 - Budgets set and remain under establishment, Matron has escalated to their line manager [18/4/2017] Matron in discussion with Lead Site Duty Manager re appropriate medical outliet to be placed on M2.	15	15	4	Glendenning, Mrs Susan	Caldwell, Michelle	Update from Matron Glendenning 6/7/2017 - PHB 18 moved to 12 bedded area on the 19th June 2017. The establishment is proved as underfunded for 12 beds, however we can now NORJ go above this bed base. Currently working with the site to reduce both the acuity and volume of medical outliet. Risk is remain 15.
2884	18/07/2014	05/12/2017	Lincoln County Hospital	Corporate Services	Information & Communications Technology	Corporate Risk	Medway Audit Functionality	The Audit functionality within the current release of Medway is lacking in a number of areas and doesn't meet with the IG and other national requirements.	Some audit detail can be obtained through workarounds. Other detail has to be obtained through contact with SystemC.	Users that only read an entry, and make no changes are not currently able to be audited as the data is not stored.	The Trust raised the issue with SystemC, who have advised the Trust a fix for this will be available in a later release, expected to be version 14.1. This was due to be released in late 2015. The Trust is currently planning to upgrade its Medway system to release version 4.8.x. This is currently scheduled for 20th Oct 2017. The upgrade is being managed by the ICT PMO. 17-8-17 - Plan to upgrade to version 4.8.x, but have advised that some audit functions are still not fixed in this release either.	15	15	1	Marshall, Zona		

3130	31/12/2013	10/01/2018	Lincoln County Hospital	Surgical BU - Lincoln/Louth	General Surgery	Health and Safety	Housekeeping establishment in ward clinical areas at LCH	Current audit scores within surgical ward areas are consistently low, and not meeting required standards. The current establishment of 3.8 WTE is insufficient to meet the ward needs, and does not provide capacity to cover for sickness, annual leave, training etc. This subsequently has an immediate financial impact onto ward budget who require bank staff to backfill housekeeping absence. There is the potential for patient experience to be affected when the ward cannot fulfil the required cleanliness standard. The housekeepers are fundamental in providing the meal service to patients and when absent this has a detrimental effect onto the ward nursing team. This situation is discussed by all Matrons at the Lincoln site Infection Prevention monthly meeting, and all matrons agree a review of the current housekeeping establishment is needed urgently as this situation has been ongoing for several years. The Lincoln site meeting contributes to the Trust Infection Prevention Committee and this risk will be discussed by the Lincoln Surgical lead nurse at the next agenda.	1. Audit process which identifies consistent low scores and failures to meet required standards. This is monitored weekly in high risk areas and monthly in other areas. This is reported via Facilities to Infection Prevention meeting, Matrons meeting, and other applicable Trust Committees. In addition there is a deep clean programme rolling throughout the year covering all ward areas, but this can be disrupted at times of infection outbreaks etc. 2. National standards dictate the inspection process for cleanliness in all areas and these are based on a national cleanliness programme. 3. Local control for managing absence is the ward sister responsibility. 4. UHIF bank has a capacity to provide additional staff but this is dependant on availability and has an immediate cost pressure to any ward area requiring backfill by bank. 5. All housekeepers follow an agreed cleaning schedule and where reasonably practical meet the required professional standards. The potential risks from the above controls not being met: 1. Sanctions by external regulators 2. Staff health and well being and general morale of all of the team could be affected. 3. Patients could voice dissatisfaction in the cleanliness	Current establishment of 3.8 WTE is insufficient to meet the ward needs, and does not provide capacity to cover for sickness, annual leave, training etc	Discussed by all Matrons at the Lincoln site Infection Prevention monthly meeting	15	15	4	Capon, Mrs Catherine	Clark, Mrs Bridy	If mail sent to BC 31.12.13 with notification of completion of risk assessment and requesting this to be discussed at the site and Trust Infection Control meeting. LK
3201	14/04/2014	09/02/2018	County Hospital, Louth	Surgical BU - Lincoln/Louth	Orthopaedics	Corporate Risk	Insufficient sanitary conveniences	Limited washing facilities for male patients only 1 sink - possible to have 10 male patients. Privacy compromised female toilet space above bathroom door.	Offer washing facilities by the bed.	Does not meet DDA or Single Sex guidance	1. Highlighted at Health and Safety Meeting 2. Quote under way to modernise facilities 3. Dep Chief Nurse to walk around with Matron on 28/1/15 4. On going every opportunity taken to discuss in various forums, including Monthly Health and safety meetings.	15	15	1	Fisher, Annetta	Eady, Mrs Diane	PK to pick up with Phil and Kevin. 10/01/2018 - LJ remains the same present Discussed at Gov on 14/12/2017 - no change - LJ 01/08/2017 Kevin Cottee (NHS PS) has requested further drawings to assess cost of project. Await his feedback. Regular item on NHS action log - reviewed monthly
3223	07/05/2014	25/10/2017	Lincoln County Hospital	Clinical Support Services	Clinical Engineering	Medical Device Risk <€5K (Revenue)	Trust patient observation monitors	Rolling replacement of trust ward observation monitors to replace units not out of support.	Clinical Engineering maintain the monitors and make repairs whenever possible, but monitors have to be removed from use when they cannot be repaired. Limited units replaced each year is making progress but limited by budget. Re-standardisation completed. Individual units cost £900 inc VAT. Next meeting MDG is on 25-OCT-2017, but if additional revenue funding becomes available further inroads into this problem can be made.	10.5.17 - current lack of funding.	10.5.17 - seek funding through medical device group. Review scheduled for 21.6.17.	15	15	1	Hacking, Chris	Hague, Tom	04.09.17 - email from C Hacking - no current updates, risk remains
3345	16/10/2014	12/02/2018	Grantham & District Hospital	Grantham	Accident and Emergency	Clinical Risk	Insufficient paed trained nurses for 24 hour cover	Shaping Health for Mid Kesteven presented to the public that A&E in Grantham would have advanced practitioners for children in the A&E dept. 24/7 - there is no paediatric ward at Grantham. CQC raised concerns about paed support in their last audit	Currently have 4 dual registered nurses making 4.0 WTE but this is not sufficient for 24/7 cover. Aim to cover 12 hours a day but this is not possible if one of these staff members is off sick or on annual leave. All staff do PILS. Refer to Pilgrim and Lincoln for advice Staff to undertake paediatric competencies Middle Grade in department during opening hours	MC to update	MC to update	15	15	8	Charles, Mandy	Shepherd, Teresa	11/2/2017 11:50:49 Mandy Charles 12/12/17 - No change. SN on training. Will be looking at funding to train another when this staff nurse has completed course MC to review this risk to ascertain if staffing has improved, if not, provide a risk assessment for A&E LK 6.8.15 MC - Now only 2.4 WTE paediatric nurses so some days we don't have paediatric cover 15/4/16 - paed course has been re introduced so aiming to second one RN to this on first intake. Recruitment is another avenue but has been unsuccessful 5/9/16 - looking at funding and staff suitable to attend course - there is no change in numbers of paed trained nurses 5/9/16 - temporary night hours closure has meant better paed cover with the 2.5 RGN's we have for 12 hour day shifts 3/12/16 UHIF E mail sent re paed training available. E SN's interested. Expression of interest requested. SN RI successful. Await detail on training 20/01/2017 - Risk score reviewed by GDH SDM and reduced to 8 10/2/17 - paed training for SN RI starts autumn 17 6/4/17 - now only 1.4 WTE paed RGN in A&E due to 1.0 WTE mat leave and reduction in another SN's hours. Only 2 RGN's left to complete PILS. Still planning SN RI to start training in September. Risk score increased as can no longer have paed RN on each shift despite night hour closure 20/6/17 - no change, awaiting SN RI to start training in Sept 30/08/17 - training starts 4th Sept
3378	16/12/2014	31/01/2018	Lincoln County Hospital	Surgical BU - Lincoln/Louth	Anaesthetics	Medical Device Risk >€5K (Capital)	Anaesthetic machines - Pan Trust	Pan Trust anaesthetic machine replacement programme. The Trust's anaesthetic machines are reaching the end of their fifteen year life expectancy, and in many cases are obsolete. Fifteen systems should be replaced in 2015, thirteen in 2016, twenty three in 2017 and the remaining twenty five by 2022. Ongoing replacement as funds allow and net book value sufficiently reduced. March 2017: Next Phase replacement induction room units pending further selection process. basic unit or circle system? Costed for lower price option. Emerging thoughts are to have same units in induction rooms as in theatres. More expensive, but achieves standardisation consistent with best practice. (Normally, units set up for induction rooms allow less sophisticated software at lower cost - but if we do follow this route GE would probably provide higher performance software at no additional cost)	The machines are serviced and repaired in house by Clinical Engineering but it will not be possible to keep them in operational condition when parts are no longer available. Phase 2 delivery of 25 induction units across trust to be delivered w/b 4/12/17	10.5.17 - Solution for anaesthetic rooms is still undefined.	corporate risk in place. 10.5.17 - pending funding from medical device group and selection process.	15	15	2	Hacking, Chris	Hague, Tom	20/12/2017 09:30:22 Gabrielle Hough MDG Update 19/12/17 - induction room conclusion reached and major portion of induction room units delivered in 2017/18 Update from Chris Hacking - 04/12/2017 - Phase 2 delivery of 25 induction units across trust to be delivered w/b 4/12/17
3415	04/03/2015	27/10/2017	Pilgrim Hospital, Boston	Pilgrim BU - Medicine	Oncology	Health and Safety	Chemotherapy/Haematology Suite Staffing	The Chemotherapy Suite at Pilgrim Hospital has not had any uplift of staff despite increases in demand. The department saw 15.74 % more patients in August 2014 than in August 2012 but the establishment does not reflect this. There is also significant disparity between the establishment afforded to ULH sites despite evidence to suggest a higher volume of patients receive Chemotherapy at Pilgrim Hospital The impact of these pressures is significant detriment to the health and wellbeing of staff. As a direct consequence of ill health (including some long term sickness) the budget is overspent on Bank usage. Specialist skills restrict the pool of staff that can be used to deliver Chemotherapy. Trained staff are removed from Ward 7A to assist with Chemotherapy 3/4 times a week, this has a secondary impact on the quality and safety of care delivered on 7A. The Haematology Suite should be open 5 days a week however as the necessary staff are pooled from a shared resource it is only possible to deliver a Haematology service 2/3 times a week.	Bank usage and utilisation of trained staff from 7A. Although these are satisfactory controls they create a consequential Risk.	No identified additional funding to adequately staff Chemotherapy/Haematology	Establishment review to be requested by Tina White - request to be made to Clinical Director Dr Kande Saravanamuttu.	15	15	2	Beck, Marie	Rinaldi, Dr Ciro	19.5.17 - Update from Marie Beck via Maxine Skinner's email - Yes it is a risk, but I am currently completing a business case for a 1.0 WTE band 6 at the minute. There is a disparity in staffing between the 2 sites and there should ideally be an uplift in staff to reflect the increase in patient numbers and chemotherapies being delivered. My plan was to complete the BC, send it to you and then meet for discussion, prior to submission 12/07/2017 - business case commenced and requires 1.0 band 6 and 0.66 band 5 - risk continues at this current time 11.08.17 - JTT Risk handler/manager amended to remove from Medicine. 28.09.17 - email from M Beck - planning to complete a staffing review - will let risk know when this can be closed. Risk linked with 3384 which was duplicate.
3421	13/03/2015	29/01/2018	Lincoln County Hospital	Integrated Medicine - Lincoln BU	Neurology	Clinical Risk	There is a risk of patient harm due to delays in neurology OPD	This is caused by the number of appointment slots issues being increased due to capacity and demand problem in neurology. This has affected the ability to see patients within the 18 week pathway leading to outpatient appointment delay All referrals vetted / grading, up until end of Nov 14. Patients monitored via ASI. 2 week wait / open referral and partial booking waiting list. Additional clinics being run weekly to bridge gap. Action plan in place with CCG. CCG appointing project manager to review top 4 neurology pathways. Advertised for substantive 3rd neurology consultant. RTT/PBWL reduced, discussions being held with CCG re external support on re-commencement of service. Expecting CCG level participation regarding ongoing commitments 09/11/15 3rd ULH consultant appointed to. Above mitigation continues. 2 Epilepsy Specialist Nurse posts have been agreed and signed off, which will support a reduction in pts waiting for consultant appointments. Service review mtg with CCG planned for end of 2015. Sept 2016 Service Review (Pathway) work underway with CCG. Headache pathway due to be completed by end Sept 2016. 2 Epilepsy Specialist Nurse posts shortlisted and interviews planned end September 2016, & due in post by December 2016.	1.Lack of consultant staffing to manage the level of demand. 2.Requirement for demand management initiatives/increase in provision of primary care services locally. 3. Locum consultant leaving 4/5/17. There will be a minimal service at PHB and detriment to recovery at LCH. This will lead to an exponential increase in the RTT / PBWL as there is little resource to reduce the referrals, even though service is currently closed. 4. There will be a limited /no inpatient referral service at PHB as there will be no locum consultant cover.	1.Lack of consultant staffing to manage the level of demand. 2.Requirement for demand management initiatives/increase in provision of primary care services locally. 3. Locum consultant leaving 4/5/17. There will be a minimal service at PHB and detriment to recovery at LCH. This will lead to an exponential increase in the RTT / PBWL as there is little resource to reduce the referrals, even though service is currently closed. 4. There will be a limited /no inpatient referral service at PHB as there will be no locum consultant cover.	Update 06/03/17 1. Service Review (Pathways) work underway with CCG. First pathway (Headache pathway) due to be completed by end March 17. Parkinson's Pathway Review commenced Feb 17. Epilepsy & MS Pathways to follow. CCG Leading Work Programme. 2 Epilepsy Specialist Nurses commenced in post February 2017. 3. Locum Consultant in post to mitigate visiting consultant gaps from Nottingham into Pilgrim Site. 4. Business Case for 4th substantive ULH consultant completed & will go to IPD March 17. 5. Service closed to new referrals except Zowand urgents from 01/12/16 and will remain closed until 31/08/17 following board approval. 6. Discussions commenced with Leicester regarding Partnership working as a longer-term solution. Update 24/04/17 1. Business Case for 4th Consultant approved and JD to be drafted and go to college for approval. 2. Locum Consultant in post for last 6 weeks but now leaving and will pose fresh risk. 3. New patient waits cleared down to circa 11 weeks but significant risk remains around overdue reviews 4. Ongoing work with CCG to look at wider health community solutions. 5. Partnership discussion held with UHL who are unable to support.	15	15	6	Medlock, Vicky	Chantry, Chris	02/01/2018 09:13:16 Gabrielle Hough 29/12/17 - update from L Vickers - one suitable CV received from HR Recruitment Specialist. Rates being discussed prior to interview process being set up. Anticipated interviews for January 2018. Push back to CCG's via NHSE regarding commitment to undertake community work on pathways for Epilepsy and MS prior to re-opening of the service. Discussions on-going with CCG at present. Awaiting confirmation of service re-opening. 22.11.17 - update from L Vickers - advert closed with no applicants for the post. Post details have now been passed to David Mattock, HR Recruitment Specialist to see if he can find CV's of suitable candidates for this post. Agency locum will be extended to maintain patient safety. Discussions taking place with the CCG with a view to re-opening the service from January 2018. The Neurology consultants will out in place some criteria for referral acceptance to manage demand once the service opens. 11.10.17 - 4th consultant neurologist post now out to advert with AAC date of 22.11.17. Agency locum extended until 31.12.17. New patient wait now down to 11 weeks or less and overdue PBWL is down to 317 from 838 at point of service pause in Dec. 16. 13.09.17 - continued improvements for neurology position - now only 25 patients waiting for new appts with a max. wait time of 6 weeks and overdue PBWL position is now 583 patients waiting. Monthly meetings with NHSE and CCG - last meeting 11.09.17 - NHSE to chase CCG for actions around community support. Risk remains - don't downgrade as no long term solution. 08.08.17 - GH updated with LV - job description for 4th consultant has been approved by the college and will go to advert in September with interviews planned for 22.11.17. 2 specialist epilepsy nurses have now started undertaking clinics which has reduced waiting times (see attached figures). Service has been closed to new referrals since December 2016 - numbers
3505	27/07/2015	13/07/2017	Lincoln County Hospital	Clinical Support Services	Choice, Access and Booking	Corporate Risk	Failure to meet national targets of 52 weeks for clinic waiting times may impact patient experience.	Incident 148673 (linked to this risk) identified 17 patients had breached the 52 week national target for clinics Business Units to receive and validate PTL reports every week, in order to ensure that all long waiters are tracked through their pathway Business Units completion of PTL validation and oversight of long waiters to be assured via the weekly PTL meetings. Trust Access Policy to be reviewed and re-launched. Appropriate training and performance management of staff as required, with PTL process acting as safety net to ensure that any such errors are detected. Clinic cancellation with less than 6 weeks notice requires authorisation at Deputy Director level Review of current Medway training requirements. Ensure all staff within Choice and Access and the Business Units are aware of the risk of patients being deleted from the ASI list, and ensure that the ASI list is proactively managed. All Business Units to identify any speciality area where clinic letter backlog is over 2 weeks, and plan recovery trajectory.	Patients not appearing on PTL Business Units occasionally lack visibility of long waiting patients	Information Support team to develop further reports to minimise number of patients not been visible in PTL.	12	15	6	Sentance, Tracey	Ellis, Neil		

3541	19/11/2015	05/12/2017	Lincoln County Hospital	Corporate Services	Information & Communications Technology	Strategic Risk	Telephone Exchange Replacement Scheme	The core Trust Telephone Exchange Systems has been given an End Of Life (EOL) Notice for 2020. In addition as the core system is replaced there will be a number of sub-systems and Terminal equipment that will also require upgrading or replacement such as, systems like the Callplot and other telephone handsets as they become EOL or unsupported.	So to enable a smooth migration route to move the Trust from an unsupported analogue exchange, onto a supported system. ICT have a plan to replace in small steps as parts of the core exchange become EOL, this will mean less disruptive in terms of downtime, technical risk and risk to the business in changing out such a critical system. Capital has been requested over the next 4 years starting 2015 which was granted.	There are no gaps System is maintained by a sufficiently accredited maintenance support company and skilled internal technical team. Spares are still currently available.	Business case has been completed and passed through Trust process. Capital funding has been scheduled within the ICT Capital Planning for the next few years to 2020, to request Capital funds Currently Capital funds have been provided and the system is being replaced as per the Plan. Grantham has now almost been completed, Pilgrim is planned next Switchboard Consoles need to be completed in 2018/19	15	15	1	Creasey, Stephen	Gay, Nigel	Risk updated. dated 14-8-17 Reviewed at ADM 17-8-17 Dated
3543	19/11/2015	05/12/2017	Lincoln County Hospital	Corporate Services	Information & Communications Technology	Strategic Risk	Core Switch Supervisor Replacement (End Of Life)	The core network switch supervisors at Lincoln & Pilgrim Hospitals has been served an end of life (EOL) notice. Essentially this means that the device which is essentially the heart of these hospitals IT network will no longer be supported and it will not be possible to source parts without relying on second hand spares and best endeavours. ICT plan therefore, would be to replace the two core supervisor modules, rather than the whole switch, which would prolong the investment.	The Lincoln and Pilgrim Core Switch Supervisor modules has been given a EOL notice. It is not recommended that the Trust run the Network infrastructure of such importance without manufacturer support. A Capital request has been written to be included in 2016/17 year. ICT are attempting to increase life of some older machines by the replacement of Hard drives and increasing memory. However, this isn't a sustainable solution. ICT are also looking at deploying Virtual Desktop infrastructure, as this extends the life of the client end. ICT Seek capital funding for equipment refresh each year. But this is typically far less than required.	Currently No Gaps	Clara has extended the supported to 2020, so ICT plan to look at replacing Pilgrim Core in 2018/19 with Lincoln in 2019/20. So replacing both before EOL is reached. Relies on having an active support contract. Depends on Capital being provide as per plan.	15	15	1	Gay, Nigel		As the company have extended the Eol on the equipment, we have more time to change this equipment out and secure capital to do so. - date 14-8-17
3545	19/11/2015	05/12/2017	Lincoln County Hospital	Corporate Services	Information & Communications Technology	Strategic Risk	ICT Client Devices - Inappropriate, Slow & Unsupported/Unusable	The Trust has circa 6800 active PC and Laptop/tablet devices, with this number likely to grow significantly over the next few years as projects like eCobis take hold and ways of working change and we become more digital. The Trust currently has around 2500 devices that are now 5-7 years old, with this number increasing year on year. This has a detrimental impact in that the equipment is not supported meaning that if the device fails the only course of action is to replace it, leading to uncontrolled revenue expenditure, due to the low cost of single device. As machines get older they become slower and are unable to support newer software technologies, also staff find they are not able to use due to speed. The Trust entered into a Microsoft Enterprise agreement (EA) in June 2018, this enables the Trust to take advantage of new software release at no cost, but can only do this if the device is suitable to allow the software to run. We may have devices that can't run the latest software and this could lead to devices not in future meeting the NHS Digital guidelines. NHS Digital is now mandating that all ICT Software in use must be up to date and patched, again to maintain this environment ICT equipment requires regular refreshing, to ensure the devices are fit for purpose and to enable change.	ICT are attempting to increase life of some older machines by the replacement of Hard drives and increasing memory. However, this isn't a sustainable solution. ICT are also looking at deploying Virtual Desktop infrastructure, as this extends the life of the client end. ICT Seek capital funding for equipment refresh each year. But this is typically far less than required.	While Capital is made available, the amount is too low to enable the Trust to maintain the current and updated future inventory. Also as individual item price is low, the trust might be unable to capitalise, so a revenue budget may be required in future.	The Trust is aware of the current situation. Capital funding is being made available on an annual basis, and equipment is being refreshed as funding is made available. VDI will help with this situation as it reduces the physical hardware requirements on the desk.	15	15	2	Creasey, Stephen	Gay, Nigel	Risk reviewed and updated. Dated 7-9-17
3546	19/11/2015	14/09/2017	Lincoln County Hospital	Corporate Services	Information & Communications Technology	Strategic Risk	VDI/Remote Desktop	Currently Trust desktops especially in Clinical areas are seen as slow and cumbersome to use. Login times are seen as generally slow many minutes, staff also have to remember in excess of 7-8 passwords for the various systems they need to access on a regular basis. This is seen by many clinical staff as a blocker to the routine utilisation of IT systems a hindrance and credential sharing routine as staff are reluctant due to time, to log in and out so instead share. A business Case will be written to request Capital and Revenue to Enable a "Clinical Desktop" Environment (VDI) implementation project to take place. ICT have undertaken a number of Proof of Concept (PoC) within Pilgrim A&E of VDI. This has proved successful and gained support by the Clinicians who have used it.	Currently only in A&E at Pilgrim as a pilot. Small managed group.	In the pilot there are no Gaps.	Business case has been written and gone through the process. First amount of Capital funding has been provided Solution is currently in test, and will start to be rolled Out shortly to extended test areas. Needs further continued funding and deployment into other areas over time.	15	15	2	Gay, Nigel		This Risk has been reviewed and updated. Dated 14-8-17
3561	23/12/2015	18/12/2017	Lincoln County Hospital	TACC - Lincoln/Louth	Critical Care	Clinical Risk	Roche blood gas analyser	Blood gas analyser Q413261 Cobas 123 Frequently break down. Only control in place is during normal working hours and that is if point of care tester Terri is on sight, but she covers pan trust. Out of hours nursing staff have to trouble shoot. On occasions this has taken in total 3 hours. No support from laboratory. Although 2 machines in use on unit, 1 regularly out of service due to breaks. This means that point of care test is totally inadequate for critically ill patients. Takes up to 5 minutes to obtain results when it is working. The Point of Care Test (POCT) committee is fully aware of the problems pan-trust. The current contract with Roche and the MDG cannot break out of that contract with a maverick purchase. Contact Chair of POCT with your ongoing concerns.	Point of care tester Terri Robinson trouble shoots if in hospital at time of problem. Terri Robinson currently on maternity leave. Escalated to Alison Gresty Quality and Improvement Facilitator in September 2016. 27/09/17 - Update Terri Robinson has returned form maternity leave and responds when there are problems with the machine. ICU staff are the end point users only.	0	0	4	Stean, Paula	Eady, Mrs Diane	[20/12/2017 09:31:48 Gabrielle Hough] MDG Update 19/12/17 - this is not an MDG risk - it's a clinical risk. The purchase/replacement of BGAs does not come under the remit of MDG but POCT Updated on 01/08/2017 - No changes to risk score till remains. The BGA contract change was not any part of MDG work. It was a Pathology led change, working with Procurement. What's the current situation - Chris Hacking 14/06/2017		
3568	18/01/2016	27/11/2017	Pilgrim Hospital, Boston	Pilgrim BU - Surgery	General Surgery	Corporate Risk	Lack of Surgical Emergency Ambulatory Care Area / Surgical Assessment and Surgical admission unit in the wrong place	Need for a dedicated area at front of hospital to enable management of surgical emergencies in an appropriate manner. Modern Surgical Emergency pathways would make provision for emergency ambulatory care and assessment before decisions around admission. Currently the assessment/admission unit on the 5th floor is essentially used as an admissions unit with patients thinking they have been admitted as they have been moved to a speciality ward. The ward space on the 5th floor is really required for speciality admission. the consequence of the current arrangement means patient are admitted unnecessarily and default is to A&E when 5th floor SAU is full impeding A&E flow.	Surgical /assessment admissions unit currently on 5th floor and temporary assessment as part of winter plan being undertaken in A&E. Surgical MG has been in A&E doing pt assessments to avoid admissions during the winter period.		Exploring the possibility of continuing Surgical MG in A&E. Paper sent to ET outlining the need for an Emergency Floor model at Front of hospital - feedback awaited.	15	15	4	Mohan, Mr Jayarama	Vernon, Ali	This is a well known risk. We are doing a business plan for a SAU on the ground floor. No quick solutions. Regards Mohan (Mr J Mohan) Consultant General / Vascular Surgeon Pilgrim Hospital 24.08.17 A plan has been submitted to CEC and CMB that proposes a reconfiguration of all wards at PHB, this will include a joint surgical and medical assessment ward. LX
3581	15/02/2016	08/01/2018	Lincoln County Hospital	Corporate Services	Human Resources	Corporate Risk	Accessible Information Standard	The aim of the Accessibility Standard is to establish a framework and set a clear direction such that patients and service users (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss receive: •"Accessible information" ("information which is able to be read or received and understood by the individual or group for which it is intended"); and •"Communication support" ("support which is needed to enable effective, accurate dialogue between a professional and a service user to take place"). So that they can access services appropriately and independently, and make decisions about their health, wellbeing, care and treatment. Organisations must follow the standard by law as explained in Section 25D of the Health and Social Care Act 2012. There are 3 key deadlines: By 1st April 2016 to be identifying and recording information on communication needs when patients first interact or register with our services. From 1st April 2016 must identify and record information and communication needs as part of on-going routine interaction with services. By 31st July 2016 full conformance and full implementation of the standard is required. Following discussion at ET a scoping meeting was held on 29th January with key stakeholders to undertake a gap analysis. Whilst this was at a high level a number of concerns have emerged - most specifically being our ability to achieve the required deadlines are currently unachievable and leave the Trust exposed to possible fines and reputation impact from possible increase in complaints and concerns from patients who for example have a sensory, cognitive or communication disability. 9th June 2017: update The overall description (above) of three key areas remains the same: 1) Initial contact for service users must result in AIS compliance.	Possible mitigation to be confirmed with ET but suggest some interim measures to bypass the IT and systems problems which would include communication pathways, training and short term position of facilitator post. Until controls are agreed or confirmed their adequacy cannot be determined. It was agreed with the CCG Equality Performance Lead in June 2016, to separate out the strategic points of IT, IG and Choice and Access and the operational implementation of the AIS. The Equality Lead is liaising with the speciality areas to plan for solutions to the strategic gaps. In July 2016 a pilot group was established to implement the AIS in the areas of Audiology, Ophthalmology and Learning Disability Services. The pilot project group, has agreed Terms of Reference, Pilot Plan and has developed clear actions to implement the AIS and cascade good practice. A second phase of the Pilot Project to be established to support implementation in Dementia, Stroke and Rehabilitation Services (start date tbc) 9th June 2017 - update on points 1, 2 and 3: Attached Equality Assurance Report to the CCG, August 2016, in which the agreed strategic and operational	Fully automated IT systems: Robust IG assurance regarding communication in a whole range of formats as required by the AIS. 9th June 2017 - update: The Trust cannot evidence robust and structured compliance with points 1, 2 & 3 above, to-date. Update 17.7.17 Proposal being presented to ET for the acquisition of additional resource to enable more speedy action to be taken around IG. Paper sets out the risks of not doing this and non-compliance 9th June 2017 - update: 4) AIS risk due to non-compliance to be placed on the Equality Forum Standard Agenda. 5) AIS risk due to non-compliance to be raised urgently (July 2017) at ET.	1) Pilot Project Groups to implement the AIS in a staged manner. 2) In the Medway 4.6 upgrade AIS capability has been scoped. The Equality Lead has input into the Medway upgrade team. 3) Engagement with IG commenced to ensure appropriate compliance for AIS communication achieve Update 17.7.17 Proposal being presented to ET for the acquisition of additional resource to enable more speedy action to be taken around IG. Paper sets out the risks of not doing this and non-compliance 9th June 2017 - update: 4) AIS risk due to non-compliance to be placed on the Equality Forum Standard Agenda. 5) AIS risk due to non-compliance to be raised urgently (July 2017) at ET.	10	15	6	Couchman, Tim	Rayson, Martin	[08/12/2017 15:37:31 Gabrielle Hough] 8th December 2017 - update: Following presentation of a status report on the AIS implementation to the Executive Team on 20th July 2017, alternative options for solutions were sought. It was ascertained that the proposed new Hybrid Mail system would potentially come with AIS functionality for communication with patients. Following presentations in September / October 2017 from potential providers of the Hybrid Mail system, it was confirmed that the new system would indeed provide AIS functionality for outward communication with patients and service users. Zona Marshall, CRS Programme Manager, prepared the business case and this was officially approved and signed off in November 2017. We are currently awaiting confirmation regarding the procurement process. 08.11.17 - email from M Rayson - risk remains - no changes to be made this month 11.09.17 - update provided by Tim Couchman - please see attached documents This has been reviewed in light of a steering group being set up and actions planned to minimise impact of non-compliance with the standard. Whilst the standard requirements are unlikely to be achieved by the statutory dates patient care or safety will not be worse than currently though clearly achievement would bring greater satisfaction, quality and experience. The new steering group, led by the Equality & Diversity Programme Manager will be working to pilot and roll out initiatives that provide a step change to achievement. 17.7.2017 - update: ET paper to review risk and determine whether additional resources should be allocated
3630	18/04/2016	18/12/2017	Pilgrim Hospital, Boston	Pilgrim BU - Surgery	Orthopaedics	Clinical Risk	No Emergency Call Bell - Ward 3A & Ward 3B	Ward 3B currently has no emergency call bell in any room. staff currently have to shout to alert the rest of the team of a cardiac arrest, and could result in the staff member having to leave the patient to seek help and call for assistance. there is also a dignity issue to the patient collapsed, and other patients who will witness this shouting for help In an emergency, staff must shout loudly for attention of another member of staff. Emergency response team for resus Cardiac arrest call Senior nurse in charge of the ward Annual training in BLS for all clinical staff E roster policy / with support of bank and agency Cardiac arrest trolley with daily check on the ward patient observed via NEWS protocol (eCobis) with clinical management in place to address known conditions	If in an emergency, staff must shout loudly for attention of another member of staff. Emergency response team for resus Cardiac arrest call Senior nurse in charge of the ward Annual training in BLS for all clinical staff E roster policy / with support of bank and agency Cardiac arrest trolley with daily check on the ward patient observed via NEWS protocol (eCobis) with clinical management in place to address known conditions	The staff member shouting for help may not be heard and have to leave the patient to seek help, delaying immediate response and treatment to the collapsed patient the cardiac arrest call to alert the team could be delayed as the nurse is with the collapsed patient and awaiting help to come	Plan in place for all staff to attend BLS training, this is only cancelled with agreement from HON who has risk assessed the current staffing template Meeting has taken place with facilities who are currently completing an option appraisal re the approach to installing a call bell, as the risk on 3B is the same as other areas and additional funding may need to be sourced from capital.	15	15	3	Taylor, Rebecca	Harwood, Mrs Kelly	[18/12/2017 16:18:34 Gabrielle Hough] November 2017 - Update KH matron - Plans in place for works in all areas, risk still continues till work complete This risk was a concern noted by the CDC in their latest inspection in October 2016. Director of Nursing aware of facilities option appraisal being completed and requested to be updated on completion LK 16.11.16 An implementation plan has been devised by facilities that now requires clinical approval by the Executive Team. DON has the plan. There are 3 floors on the block affected and it will take 5 months to complete the work. LK 16.02.17 21.06.17 LK has discussed with DON who has requested a facilities led plan of implementation to be devised, supported by the Ops team. Discussions around call bells have been ongoing within clinical directorate and involving facilities. Discussed at clinical cabinet meeting on 28.07.17 with DON who advised a plan was to be provided from the directorate and operational team as to how this was to be managed, given the difficult of rolling 4 bed closure for a 4 month period to install new bed head systems on third, fifth and eighth floor. The new bed head system will install new call bell system (including emergency call bell), new overhead lighting and additional sockets (lack of is recorded as risk in these areas also). HON has discussed with lead SDM, facilities manager, general managers, matrons etc re options available. The favoured option was to utilise the day room on third and eighth floor, to prevent having to close 4 beds on each floor, as this would further impact onto surgical flow, 18 weeks, etc. Surgery daycase capacity already reduced due to the relocation of the unit following the site fire, and daycases are being accommodated, where possible through the surgical wards to prevent cancellation of patients and inability to meet 18 weeks.

3709	01/06/2016	02/10/2017	Pilgrim Hospital, Boston	Pilgrim BU - Surgery	Orthopaedics	Health and Safety	Electrical sockets - Ward 3A & 3B	there is insufficient electrical sockets at patients bed space when they require treatment using pump, profiling bed, DVT prophylaxis pump, IV infusion, etc. To ensure the patient has appropriate care, this requires trailing leads around the bed space to provide additional electrical capacity to ensure treatment is delivered. This is then deemed a potential health and safety risk of tripping / falling over the trailing lead.	Reports made to HON Have additional sockets available for any patient who needs it 24/7	Risk of tripping and falling due to trailing leads The electrical infrastructure is possibly unable to provide additional capacity Facilities are currently attaching sockets to the wall in each bed space to assist with this problem, patients will be moved within the ward when they need additional capacity	Requested through estates for review and costing. Awaiting an option appraisal on how best to proceed. Nursing staff will escalate on any occasion when a trailing socket cannot be provided.	15	15	5	Albones, Joanne	Harwood, Mrs Kelly	The issue has been discussed with Paul Boscock and he is reviewing the situation. This review resulted in the ward being provided with sockets attached to the wall in some bed spaces. LK 16.02.17 An implementation plan has been devised by Facilities that now requires clinical approval by the Executive Team. DON has the plan. This plan will provide the ward with a new call bell system, overhead lighting and additional electrical sockets to manage future power supply requirements. There are 3 floors on the block affected and it will take 5 months to complete the work. LK 16.02.17 17.08.17 Discussions around call bells have been ongoing within clinical directorate and involving facilities. Discussed at clinical cabinet meeting on 28.07.17 with DON who advised a plan was to be provided from the directorate and operational team as to how this was to be managed, given the difficulty of rolling 4 bed closure for a 4 month period to install new bed head systems on third, fifth and eighth floor. The new bed head system will install new call bell system (including emergency call bell), new overhead lighting and additional sockets (lack of is recorded as risk in these areas also). HON has discussed with lead SDM, facilities manager, general managers, matrons etc re options available. The favoured option was to utilise the day room on third and eighth floor, to prevent having to close 4 beds on each floor, as this would further impact onto surgical flow, 18 weeks, etc. Surgery daycase capacity already reduced due to the relocation of the unit following the site fire, and daycases are being accommodated, where possible through the surgical wards to prevent cancellation of patients and inability to meet 18 weeks. The day room on third and eighth floor does not have curtain tracking, oxygen or suction. The cost of 2x per day room can be accommodated and facilities on standby to do this. The risk of
3727	08/04/2016	05/12/2017	Lincoln County Hospital	Corporate Services	Information & Communications Technology	Strategic Risk	Digital Dictation Project	Doctors currently dictate information about patient's care using analogue (tape) recorders and are subsequently transcribed into a letter or report by administration. Although the devices are generally reliable, they do not have particularly good sound quality, tapes become degraded over time leading to dictation that is indistinct at best or unintelligible at worst. Tapes break, cassettes are mislaid or even permanently lost. Administration time is wasted deciphering dictation because of poor quality tapes, searching for tapes, or specific areas within a dictated tape	Currently dictate information about patient's care using analogue (tape) recorders and are subsequently transcribed into a letter or report by administration	x	x	15	15	1	Marshall, Zona	Changed Handler to Zona Marshall - as she handles the ICT programmes and therefore is better placed to handle this risk - 14-8-17	
3729	08/04/2016	05/12/2017	Lincoln County Hospital	Corporate Services	Information & Communications Technology	Strategic Risk	Electronic Document Management System	This business case outlines the reasons for investment in an 'e-record' solution which will transform the way that the Trust manages its patient Health Record. The proposal is to use an electronic system from a date forward, which will then create an electronic record. Business case currently being re-written to take into account all areas of the patient record.	The Trust has a paper based health records department with libraries on the 4 main sites (Lincoln, Boston, Grantham & Louth) and holding areas at the peripheral sites (IC, SD, JH, plus ante-natal areas), secretaries also have a small holding area in each department. The Trust also uses offsite storage facilities which are expensive.	x		15	15	1	Marshall, Zona	Changed Handler to Zona Marshall - as she handles the ICT programmes and therefore is better placed to handle this risk - 14-8-17	
3741	01/07/2016	05/01/2018	Pilgrim Hospital, Boston	Pilgrim BU - Surgery	Breast Surgery	Clinical Risk	Failure to be able to provide Breast 2w waits within National Standards	Updated 20-3-17 Due to lack of Consultants Breast Surgery/ support to one-stop triple assessment clinics there is a severe risk of not meeting national standards Radiology now have sufficient capacity general radiologists causing increased outsourcing costs and reliability.	See attached ET paper describing cause of problem and actions being taken	tbc by handler		12	15	4	Vernon, Ali	PHO The current Radiological cover for clinics is good. We are able to offer in excess of 100 Radiological slots a week and have been doing so for some time. The risk from this point of view has reduced there is now a lack of surgical support preventing us from meeting 2 ww trajectory. 11.05/17 update by Ali Vernon - Breast polling days have evidenced a reduced wait time over the last 2 weeks from 18 days down to 9 days per trust. Locum Consultant commenced 08/05/17 covering maternity leave. Action plan produced following meeting with Mr Jibril, HoS Breast Services on 05/05/17 identifying potential to increase slots by 31 per week. Radiologist job plan change wef 21/08/17 has enabled us to reinstate AGV and JAI clinics to increase slots by x10 per week.	
3752	02/08/2016	11/09/2017	Pilgrim Hospital, Boston	Pilgrim BU - Medicine	Accident and Emergency	Clinical Risk	A & E Medical Staffing Levels	On-going risk - 10 Middle Grade Doctor Vacancies (establishment 14) 1. Substantive Consultant and 1 Trust NHS locum in post - (4 vacancies) Risk to patient safety, 4 hour A & E standard, Risk to Staff, risk to Rapid assessment, 1st review and Secondary review - Risk to flow throughout site	Daily review of Medical Staffing with A & E clinicians, Business Unit Staff, Rota co-ordinators and Nursing. Escalation to contracted and external agencies.	Cost - Agency spend is above budget, with Agencies aware of the current situation and asking for more and more money.	Agency Cap in place, but difficult to enforce at short notice - On-going adverts/recruitment drives. CESR rotations now in place to attract Dr's, so far this has been successful and has attracted 2 further MG Dr's and ensured we keep another.	15	15	9	Thomas-Thompson, Mr Jonathan	JTT 16.09.16 - On-going risk, gaps currently being covered by Agency Locums, on-going recruitment, trust wide adverts placed offering CESR positions JTT 29.09.16 - Nurse staffing Risk linked to this record to identify combined risk. JTT 14.11.16 - Dr recruitment continues to be an issue, various Dr's dropping out due to being offered (unreasonable) higher rates elsewhere (3 points above experience for example). We continue to advertise and interview for MG, with the Consultant post also still advertised. Gaps continue to be covered with Agency. Nurse staffing continues to improve, with all HCSW vacancies covered and Nurse adverts interviews in progress. 07.02.17 - On-going recruitment drive, now have 46 wte MG in place (of 11), with a further possible confirming in the next couple of days. CESR Rotations now started, which should assist the recruitment process. Gaps still being covered by Agency Locums. 22.05.17 - On-going issue, IR35 has had an impact with Drs requesting unreasonable rates well above the revised Market Average Cap, this is leading to further unfilled gaps in the rota, or at least making it much harder to fill - Agency spend is obviously affected and has come down, but at the detriment of the department and its ability to perform. Ongoing recruitment, continual interviews and a revision of the rota are underway to see if there is any possibility of redesign to mitigate risk. 11.08.17 JTT - Further recruitment Drives/adverts on-going, CESR Rotations now in place to attract further applicants (successful so far). Deaney Inr Gaps filled with NHS Bank contracts, so no further gaps on this (Aug) rotation.	
3755	09/08/2016	05/12/2017	Lincoln County Hospital	TACC - Lincoln/Louth		Clinical Risk	RN/ODP staffing in Theatres Lincoln	Theatres currently have 14.41 wte registered Practitioner vacancies. Following planned recruitment this is predicted to be 13.14wte from September. In addition 2.8wte maternity leave and 3.96wte Long Term Sick. This reduces the number of staff available to sustain Theatres rotas with appropriately skilled staff. This results in Theatre List cancellations.	1. Robust Roster management with daily review at Matron level. 2. Active Rolling advert to recruit. 3. Review of Flexible working patterns. 4. Timely requests for Bank. 5. Review of sickness and absence management. 6. Additional support from HR to manage complex cases. 7. Review and reduction in Band 6 & 7 supervisory time. 8. Re-deployment of staff from other areas. 9. Support from Ophthalmology OPD clinic with Eye Unit. 10. Review and strengthened 6/4/2 process to facilitate improved planning. 11. Explored options to block book Agency Staff. 12. Workforce Review completed	2. Despite local/national and international recruitment vacancies remain. 4. Limited Bank resource 8. Staff re-deployed may not have skills/competence to work in Theatres. 11. Need to remain within agreed cap rates & limited agency nurse resource. 12. Time required to 'skill up' unregistered staff to fulfil role of registered theatre practitioners.	2. Different Workforce models progressing. 4. On-going Bank Nurse recruitment 8. Daily review of staffing to ensure skill mix is sustained.	20	15	6	Eady, Mrs Diane	Clark, Mrs Bridy	
3761	07/07/2016	02/02/2018	Pilgrim Hospital, Boston	Corporate Services	Facilities	Corporate Risk	The IT servers at Pilgrim will fail due to over heating or have to be switched off due to lack of appropriate air conditioning	The Current Pilgrim Computer Room Air Conditioning (Handling) Equipment was replaced in 2010. Over the past few years, the site has been unable to get through a summer without having a general failure in the Air-conditioning equipment, leading ICT Core equipment almost being turned off, to stop significant equipment damage. The risks are 1. Significant damage by the heat which rises quickly to 45-50C or higher in less than 15-20 Minutes. 2. Potential reduction in equipment life span from 5 years + to 2-3 or less. Leading to significant finance cost of circa - 64K - 1500K 3. Significant Clinical & Operational impact due to loss of ICT Core services and telephony. 4. Potential risk of fire and fire damage due to extreme temperatures. Risk of overheating in the summer months poses a significant risk.	1. Portable units are retained by ICT and Estates for deployment if required. 2. Use of portable units as a reactive measure 3. Use of portable units as a reactive measure 4. Use of portable units as a reactive measure	1. Do not have a reliable and consistent Air Cooling System that is capable of maintaining a core temp of 21C. 2. Delay in reactive response time, from system alert time to physical staff mobilisation. Deployment can be delayed during Out of Hours and non core hours, due to the need to get staff of site. 3. Lack of confirmed program and timeline from Estates to complete 1st phase of work and concerns around potential loss of funding.	1. Space for second computer room has been identified, on Pilgrim site in Medical Physics. 2. Funding has been provided in 2017/18, for the development of the location and has been transferred to Estates to complete this work by 31st March 2018. 3. Further funding is also outlined in 2017/18 to equip the room. 4. Request From Steve Cook to provide outline of reason for project delay and confirmation of revised timeline of programme.	15	15	2	Dunderdale, Vicky	Gay, Nigel	02/01/2018 12:45:22 Vicky Dunderdale] 02/01/18 Out for Quote for Works 11/12/2017 13:55:43 Vicky Dunderdale] 11/12/17 The design team have been appointed and a scheme is in development – we expect to tender this in the new year with capital expenditure implemented by March 2018. 13/09/17 Steve Cook confirmed this is due to go out to tender end of this week. 3 weeks tender return, start 2 weeks after that. 05/07/17 - Action Plan being developed. There have been logistical problems with decanting staff for the 2nd server room which has now been overcome. The design brief is being finalised which is due out to tender end July with tender returns by end of August and construction anticipated to commence mid September. Completion for construction aimed for end November 2017. 07/03/17 - Risk reviewed by NG and AS - Updated Narrative & awaiting confirmation from Estates as outlined in Mitigation Action Section 25/08/17 - Risk reviewed in consultation with handler - risk title reformed - The IT servers at Pilgrim will fail due to over heating or have to be switched off due to lack of appropriate air conditioning and risk score re-adjusted to balance likelihood against consequence
3765	24/08/2016	31/01/2018	Lincoln County Hospital	Clinical Support Services	Choice, Access and Booking	Clinical Risk	PBWL (Management of Overdue FU's)	On 3rd January 2018 there were 5880 patients overdue (trajectory 3200) for a follow-up by over 6 weeks, creating risk of potential harm due to delayed appointment On 5th May 2017 5528 patients overdue for a follow-up by over 6 weeks, creating risk of potential harm due to delayed appointment.	1. Clinical Risk stratification 2. Capacity & Demand Review 3. Backlog recovery 4. Trust re-evaluated priorities, monitored on a weekly basis	Capacity constraints within specialities	Business Units have submitted recovery plans - discussed at weekly ops briefing update 10.4.17 - Business Units have submitted recovery plans - monitored at fortnightly RTT Recovery and Delivery Groups Based on current Clinical Directorate it is anticipated that the 6 week overdue backlog will be eliminated by October 2017, although risk to delivery	15	15	12	Sentance, Tracey	Ellis, Neil	
3766	24/08/2016	31/01/2018	Lincoln County Hospital	Clinical Support Services	Choice, Access and Booking	Clinical Risk	Open Referrals WL (Management of Overdue New Referrals)	This list comprises new paper and e-referrals (manually removed from ASI worklist). Management of Overdue New referrals require recovery trajectories to mitigate risk of potential harm due to delayed appointment. As of 5/5/17 the open referrals waiting list contained 7947 patients. The ASI list contained 565 patients As of 2nd January 2018, 260 patients on the ASI list with the open referrals waiting list containing 7432 patients.	1. Clinical Risk stratification 2. Capacity & Demand review 3. Backlog recovery 4. Trust re-evaluated priorities, monitored on a weekly basis	Capacity gaps within individual specialities, and with outpatients from a staffing/estates perspective	Clinical Directorates providing trajectories for recovery plans - monitored at fortnightly RTT Recovery and Delivery Groups. Detailed plans are in place at speciality level.	20	15	12	Sentance, Tracey	Ellis, Neil	
3769	24/08/2016	31/01/2018	Lincoln County Hospital	Clinical Support Services	Choice, Access and Booking	Clinical Risk	Overdue new appointments incorrectly added/unvalidated on the Open Referrals worklist resulting in potential risk of harm to patient	New Booking team identify 'other' new patient referrals added to the Open Referral worklist by other parties in BU's. As the New Booking Team did not make the entry they are unable to validate the referral resulting in risk of potential harm to patients due delayed care and treatment. Trust requires to be fully compliant with electronic booking system with a target set by NHSI June 2018.	1. Review and reduction of access rights to Open Referrals wklist REQUIRED. 2. Clinical Risk stratification 3. Capacity & Demand review 4. Backlog recovery	0	0	15	15	6	Sentance, Tracey	Ellis, Neil	
3774	05/09/2016	11/09/2017	Pilgrim Hospital, Boston	Pilgrim BU - Medicine	Accident and Emergency	Health and Safety	Patient safety/infrastructure	The A&E department is built to accommodate less than 150 patients per day, current attendance is high resulting in saturation of department and lack of storage space.	To keep department with less than 28 at any one time Escalate when full To ensure best use of rooms (triage from the front)	We often have over 40 patients at one time in the dept	recruitment of both medical and nursing staff escalation process in place weekly performance meetings 12/06/17 - GP streaming bids input and required by Sept 17, further discussion required around possible outcomes and use of current footprint.	15	15	9	Thomas-Thompson, Mr Jonathan	We are working on plans to use emergency care differently we are actively recruiting and looking 1 new ways to use posts. [we have just recruited the first band 5 paramedic to the dept 11.08.17 JTT - Further work on department facilities underway. Sept17 GP streaming will be in place for which some redesign is required. Further developments/building work to progress through the coming months to provide a permanent solution. As part of this Streaming process the department is also being reviewed to provide the appropriate facilities for the type of patients attending. Further details will be provided once decisions have been made.	

3782	21/09/2016	12/01/2018	Pilgrim Hospital, Boston	Clinical Support Services	Physiotherapy	Clinical Risk	Difficulty staffing Established funded Posts in Physiotherapy in Pilgrim	We are experiencing difficulties in maintaining 86 staffing levels. We have better retention at 85 and 87 levels in Pilgrim. Unusually high attrition rate for various reasons and small pool of therapists available to recruit, this is a national issue not just local.	Prompt action in advertising to vacancies. Recruiting from overseas. Utilising other methods of interviewing e.g. include practical session. Staff events held to develop teams Management of behaviours with challenges to poor behaviour Recruitment of agency/bank staff to cover gaps Supervision being promoted within teams Regular inservice training for BS's Regular peer group support meetings Asked for volunteers from other sites to cover in times of severe shortfall ie sickness and holidays Opportunities to existing staff when vacancies arrive. Use of Twitter to advertise jobs Staff have 'Whatsapps' for BS staff	Supervision is not being provided consistently due to staffing issues. Volunteer registered staff have not been obtained from other sites Staff feel there is no creative working in teams Agency staff costs are high Lack of opportunities to progress in career	Supervision - all team leaders have to provide plan for supervision and all staff have supervision each month. Contract of supervision has to be provided to Site Lead for each member of staff by Jan 18 Reviewed monthly Agency/bank staff - unpredictability with their availability and length of stay Responded to ideas from BS staff in March 17 and Oct 17, regarding creative working on elderly wards and outpatients. Action - Team Leaders are to support BS to implement creative working practices - immediate. Discussing the ideas for opts. Working across disciplines continues to be encouraged where possible- on-going Recruiting bank staff to meet service need. Regular peer support meeting for band 5,6 and 7 therapist every month started in July 17 Promoting our own band 5 PT as appropriate by following interview process. Promoted two physiotherapist in Aug 17 Training and development day has been organised for all grade physiotherapy staff to support their learning and development.	15	15	9	Raval, Yogni	Bradley, Lesley	Which disciplines are affected- Physiotherapy, however lack of staff can impact on inpatient discharge rates. It can also affect staff sickness rates.
3786	29/09/2016	31/01/2018	Pilgrim Hospital, Boston	Clinical Support Services	Radiology	Clinical Risk	Number of inexperienced staff Trust-wide	Due to number of vacancies in department we have taken on a large number of Locums (5 to date) of these are assistant practitioners, another 1 radiographer but with limited experience in UK. The 5th member is an experienced radiographer. The staffing mix is making covering all aspects of x-ray very difficult and the staffing levels are limited. It is difficult to supervise these staff. difficulty in covering particularly weekend day shifts unable to source a locum radiographer with experience Unable to recruit permanent staff	AP Staff are working within their scope of practice but it is putting pressure on the remaining staff Inexperienced radiographers require supervision as they gain skills. Peter Jackson Band 7 Reporting Radiographer has been relocated to Boston 3 days a week to help support, MRI Supt working hours being reviewed to help provide more senior support. Senior staff are aware and available for support as necessary. Staff from Lincoln and Grantham are assisting in covering weekends Business case has been done to recruit international staff through agency - the 3 AP staff are such staff and are awaiting their permanent HCPC registration (this takes 16 weeks to come through/NOW COMPLETED Now plan to go to Overseas Recruitment again - May 2017 Agencies contacted to source Portuguese qualified radiographers Trust-wide (up to 10 posts). 10.4 vacancies to fill Trust-wide (7.4 LCH/3.0 BOS)	Ability to recruit / sufficient number(s) radiographers with suitable experience from Portugal, Spain, Italy. Supervision required where experience is limited they gain skills.	Update 27-6-17 Inexperience mitigated by buddying up junior/inexperienced staff with qualified senior radiographers. 2 Asst Practitioners now have full HCPC Registration, one expecting Reg in the next 4 weeks. Re Gaps in Control - Agencies contacted Agency to advertise in Portugal and match candidates to Personal Spec Potential candidates to have Skype interview Successful candidates come to UK for look round and formal interview If don't have HCPC Registration, a candidate may be appointed at Band 4 Asst Practitioner whilst awaiting Registration Vacancies continue (4), 2 appointed but one withdrawn and one deferred qualification until Oct 17. Plan to start a further International Recruitment initiative for LCH and PIL vacancies (10.4 total) Now plan to go to Overseas Recruitment again - May 2017 Agencies contacted to source Portuguese qualified radiographers Trust-wide (up to 10 posts). 10.4 vacancies to fill Trust-wide (7.4 LCH/3.0 BOS)As of 4/08/17 2 in post, 2 likely to be appointed, and Skype interviews continuing for suitable candidates.	15	15	6	Allen, Nigel	Falloway, Mr Ian	(22/12/2017 15:18:16 Nigel Allen) 22 12 17 Recruitment ongoing. Latest recruit at LCH did not materialise given demands of the candidate. 3 further cv's presented on 20-22 December and circulated to department teams for review - and potentially skype. One of overseas recruits will be leaving Boston in January to take private MRI position, as well as a BS radiographer leaving the area. Risk remains International recruitment drive (Portugal) in May 2017 (see above) Update 14 June: 10 candidates interviewed by Skype. First candidate to UK for formal interview 13 June. 5 candidates to UK w/c 18 June. Process underway and for review monthly. Update 06/01/17: 20 interviews taken place. Appointed 2 overseas candidates at Boston and 3 at Lincoln against initial vacancies of 5 and 7.4 respectively. Recruitment process continues with Boston having appointed 2 more overseas radiographers on Band 4 (no start date as yet) Update 06/10/17 Continue with Overseas recruitment initiative. 2 further staff to Trust - 7 in total now. Showing signs of situation improving. Staff still very inexperienced but numbers improving. Several posts being advertised to train reporting radiographers for CT, MRI and Chest/Abdo xray - this could deplete numbers again and reduce the inexperience further? 6 November - successful appointment of overseas candidates to junior posts which has started to improve the situation in terms of radiographer numbers. Still lack of experience but starting point is increase in numbers.
3794	10/10/2016	29/01/2018	Lincoln County Hospital	Integrated Medicine - Lincoln BU	Oncology	Clinical Risk	Inadequate Accommodation for the Oncology Service	The clinical environment in Oncology OPD and Ingham Suite (Chemotherapy Unit) is now inadequate for the volume and nature of work undertaken in the area. Waiting area overcrowded, clinical rooms with no access for disabled/stretchers patients, chemotherapy suite overcrowded and lacking dignity	Alternative clinic space trying to be sourced for some time activity to reduce overcrowding. Scheduling of the chemotherapy treatments being reviewed to reduce overcrowding and utilise space more efficiently. Discussed at Hospital Management Group October 2016 and site acknowledged significant risk. Oncology Department tasked with working up options and returning with an options appraisal and to consider whether the legacy funding could support some physical infrastructure changes	1. Accommodation in OPD needs redesigning/expanding. 2. Chemotherapy Suite needs either temporary/permanent expansion coupled with redesign.	1. Oncology Team to review accommodation available in wider department and produce an option appraisal for consideration initially by M&G. 2. Oncology Team to explore use of Legacy funding +/- minus case to support development. Update 24/04/17 1. Oncology Team reviewed options and now to present to BU Senior Team and Estates 3 potential options for environmental changes. 2. BU/Senior Team to agree 3 options with Estates and then work up into full business case taking account of the legacy funding as well. Update 25/07/2017 Meeting with estates for costing has taken place. Still needs to be reviewed by the board. Will hopefully go to the capital plan next year in which case we will go ahead with business case. Meeting on 3rd August 17 to discuss options and start planning process Update 22/12/17 - CC Awaiting work-up for 3 x plans to discuss and choose best options	15	15	4	Sanz Torres, Aurora A	Chantry, Chris	(02/01/2018 09:15:11 Gabrielle Hough) 29/12/17 - update from L Vickers - still awaiting output of draft plans and indicative costings from Estates Team who have had to prioritise fire works and ED Streaming Build Scheme. 22.11.17 - update from L Vickers - L Vickers met with Mark Bigger from Estates. Estates unclear regarding whether they are just making good with a small capital sum associated with the CQC Action Plan or if they are developing a larger plan. L Vickers reiterated the need for the 3 potential schemes to be fully worked up with an options appraisal. She also confirmed that there was potential for charitable fund investment and Macmillan Investment to supplement the scheme. Requested finalised plans from Estates as a matter of urgency due to earlier delays. M Bigger to work with radiotherapy/Oncology Team to finalise some options. 11.10.17 - GH updated with L Vickers - directorate still awaiting potential plans from Estates team. 13.09.17 - GH updated with L Vickers - plans are with estates team still but should be on track for discussion at IPB at end of Sept 2017. 09.08.17 - GH updated with LV - LV met with Mark Bigger on 3rd August to discuss 3 potential options to address oncology accommodation. Estates team to draw up plans by start of September for discussion at IPB at the end of September 2017.
3795	12/10/2016	14/08/2017	Pilgrim Hospital, Boston	Pilgrim BU - Medicine	Elderly Care	Clinical Risk	Registered Nurse Staffing Levels - 6B	The ward currently has a gap of 37% of registered nurses. 8.57 unavailable of work of establishment of 23.18. The staffing levels currently pose a risk of increased harm to patients, staff morale, training and education, appraisal rates and reduced time for the ward sister to undertake management role.	Band 7 in place providing accessible and visible leadership Rostering policy Absence management policy Matron sign off for each roster Senior presence on site 24/7 in form of Matron or SMO Operational Matron in place daily (mon - fri) who has overview of the site, moving and redeploying staff, where possible to maintain safety of numbers and skill mix Bank and agency availability Matron visits ward daily (mon - fri) agreement for overtime where required Weekly Nursing and Midwifery & allied Health professional meetings weekly by DON Overseas recruitment programme in place Risk Summit re staffing arranged by DCN	Ward Sister is working predominantly clinically in order to facilitate and provide patient care. This has an impact on her ability to undertake her management role effectively and in a timely manner. This could also impact on her ability to produce a timely and effective e-roster, with a further impact on the inability to manage staff in accordance to the managing attendance policy. Despite having bank and agency availability there is a risk that unfilled shifts remain unfilled due to lack of available staff. Overseas recruitment plan is lengthy	Where possible the ward sister will be supervisory in order to undertake her management role, however patient care is the priority and will always be the sisters priority on the daily basis. This is risk assessed on a daily basis by the matron who liaise with the operational matron to redeploy staff where possible. Permission given by DON to block book agency staff to help with the fill rate and continuity of staffing. 21.06.17 PHB registered with an external recruitment agency (Sterling Cross) and there contacts made already. LK	20	15	8	Tomlin, Becky	Dejonge, Simon	reviewed 10/05/2017 there is now 10 wte vacancies on this ward which continues to prove a challenge to completing a safe rota. We are block booking 2 agency nurses who have been fully trained and are working as an integrated part of the nursing team. This risk needs linking to the over trust risk on nursing vacancy 21.06.17 PHB registered with an external recruitment agency (Sterling Cross) and there contacts made already. Vacancy of RGN is 11.00 LK
3819	23/11/2016	28/02/2018	Lincoln County Hospital	Clinical Support Services	Endoscopy	Strategic Risk	Endoscopy Capacity	Bowel Screening have been struggling with capacity since August (escalated previously) mainly due to a lack of screening colonoscopies. We are presently only achieving 40% of patient's scope within the 2wv timescale. We have had a consultant going through the accreditation process which would have resolved this issue and that of the backlog, unfortunately he was unsuccessful in getting accreditation last week and it will be another 6 months before the exam can be re-taken therefore due to the current waiting times and pressures to increase the invite rates we have needed to implement a contingency plan. The contingency plans will affect our diagnostic waiting times and although we are looking into ways of supporting this with Nurse Endoscopist cover it will not meet all the lost capacity.	Contingency plan. 1. Converted all Dr Sreedharan's diagnostic lists into screening lists 2. Covert 1 list a week from Diagnostic to RCSI taken from Dr Spencer and Dr Mandala's lists on alternate weeks 3. The spare session dates need to be sent to Dr Norman who will try and do 1 extra Diagnostic list a week but this will need to be worked into his job plan as an extra PA 4. Dr Sreedharan will try and cover some extra lists in his own time to cater for the referrals for complex polypectomy/EMR Due to the loss of diagnostic capacity we need to consider: 1.The possibility of moving the extra TOE sessions we have agreed at Lincoln to another area (they do not need to be done on Endoscopy) as this will free up the Endoscopy procedures rooms and staffing. 2.The possibility of re-instating time shifting as the Endoscopists would be available to cover spare sessions (our utilisation rate has dropped from 98% to <90% since this was stopped) Concerns have been escalated to the senior operational team on 22/11/16 2/22/16 Extra sessions are currently being covered in	1. Lack of screening Endoscopists 2. Lack of capacity	1. 1 x Endoscopist to retake exam in 6 months 2. Expression of interest gone out to Endoscopists for a screening role 3. Capacity & Demand study commenced	15	15	6	Dewson, Sandra		(25/01/2018 13:45:27 Nikki Woodcock) 25/1/18 Reviewed - Business Case approved 21/12/18. Admin posts out to advert however there is a delay in nursing recruitment - Meeting to take place between Matron, Michelle Rhodes & Debrah Bates (22/12/2017 10:32:23 Nikki Woodcock) 22/12/17 Risk reviewed and increased due to the loss of Medinet and weekend lists as from 15th January. Lack of staffing within the D&C rates stop. A notice period of 2 months will be given to staff to cover weekends as soon as the business case is approved, this went to the turn around team for approval on 21/12/17 10/13/17 - Capacity plan written and distributed to the business units. Joint working is auctioning the issues. 02/05/17 - In sourcing medinet lists were agreed for 29th/30th April and 6th and 7th May 17 for diagnostics. Waiver has been done and sent to procurement/finance for approval which will hopefully approve a set amount of sessions over a 6 month period whilst a longer term solution is being sought by means of a framework with procurement. 07/06/2017 Medinet booked for every weekend in June for diagnostic and cancer position (to include BCSP). Will chase up framework with Barry Pogson. 27/10/17 Medinet lists are continuing, the procurement process should be completed in November. Business case went to CRIB in August but requires revamping with finance and phasing of implementation, it is due back to CRIB in November. 14/07/2017 50 - Framework Pw out to Tender on portal. Tender Doc hopefully out to Framework around the 14th Aug 17 with offers back by 5pm on the 1st Sept 17. Fri 18th August will be shut date of questions to the Trust. Wed 23rd Aug - Reply date for clarification to be ceased. WC 4th and 11th Sept Evaluation process. Meeting to evaluate scheduled on the 6th September 2017. Medinet sessions commencing throughout July and August Weekends with potential to extend should procurement process be underway. NW - Business case submitted for TRG on 20th July 2017
3822	25/11/2016	11/09/2017	Pilgrim Hospital, Boston	Pilgrim BU - Medicine	Endocrinology/Diabetes	Clinical Risk	Antenatal Outpatient Service Quality of Diabetes Care	The clinic runs late every week. This Monday it finished at 3pm. Risk to quality Risk of patient experience (leading to PALS, Complaints, poor FFT) Also regards cover of this clinic when I am on the wards.	Unable to change clinic template to reduce number, as will not meet demand. There are some ideas we have to streamline the clinic but I do not think it will solve the main issue that we may need additional cover for this clinic - 4th consultant has been requested (to IPB).	0	0	0	Coulson, Emma	Jacob, Koshy	06/07/17 - email from Paul Hogg - "The 4th Consultant Diabetologist has now been supported by the commissioners and therefore we are proceeding to recruitment. Meanwhile risk will be managed by doing additional clinics as far as we are able" 11.08.17 - Initial approval was rescinded requesting further details. BC now approved, JD and Job Plan sent to Royal College for approval. NHS Locum post already out to advert to cover Gap/Delay in recruitment process.		
3828	13/12/2016	28/02/2018	Lincoln County Hospital	Clinical Support Services	Neurophysiology	Clinical Risk	Neurophysiology Accomodation	Neurophysiology is situated on the Gynaecology ward in the maternity block. The environment is not appropriate for the following reasons: 1. Shared waiting room results in multiple complaints from all patients (children in the same area as patients waiting for a termination) 2. Sleep studies carried out in a room on the main corridor of the department, which is noisy. 3. Patient safety: away from any clinical ward for support 4. Inadequate space (rooms) to run the service	1. Protocols and pathways to support the clinical need 2. Working with facilities to find a suitable area to relocate to. Business case required in 2017 as included within the capital programme for 2017/18.	1. Appropriate environment 2. Capacity for clinical and admin duties within the department	1. Working with facilities to find a suitable area to relocate to. 2. Business case to determine the capacity required	12	15	4	Woodcock, Mrs Nikki		(26/01/2018 14:29:26 Georgina Grice) 26/01/18: 18:35 met with Estates/Facilities on 25/01/18 who advised that drainage issues identified within the OT Department where Neurophysiology are expected to relocate to have been fixed. The design has been reviewed and is now workable for Neurophysiology. Only concern is the size of the Admin Office but it is being considered whether this can be made larger/more suitable. Expected move date likely to be end of May 2018. (22/12/2017 10:59:14 Nikki Woodcock) 22/12/17 - Area identified but doesn't meet all the needs so discussions are ongoing 10/3/17 - The Strategic review, which is being undertaken will include environment and capacity issues 5/7/17 - Following the CQC visit the move is now a requirement. Facilities have identified a site for a modular building to be constructed to provide new facilities, this is presently being costed up. 27/10/17 Modular unit was not considered cost effective. A site within the hospital has been identified, drawing have been drawn up and it is presently being costed. 8/12/17 - New area needs to be identified by facilities following the decision to use Digby ward for the childrens ward. Risk score has been increased due to a lack of an identified new area.

3848	12/02/2017	02/10/2017	Pilgrim Hospital, Boston	Pilgrim BU - Surgery	Vascular Surgery	Clinical Risk	Delays in Vascular patient pathway for Angioplasties	Ward Manager on Ward 5B concerned that delays in patients accessing Interventional Radiology is leading to harm for inpatients and outpatients. Datix No 178508	Meeting attended by Dr Centini, Mr Mohan, Mr Arya, Yvonne Lalloo, Nigel Allen, Linda Keddie (PT) and Beverley Bolton agreed the following actions. Immediate actions taken by Nigel Allen to review all patients currently on 5B so all urgent cases seen within 5 days.	Review date set to review the recruitment of additional Radiologists to allow the Interventional Radiologists to fill the current gaps in staffing.	Meeting attended by Dr Centini, Mr Mohan, Mr Arya, Yvonne Lalloo, Nigel Allen, Linda Keddie (PT) and Beverley Bolton agreed the following actions. 1. Nigel Allen confirmed he has a plan in place to clear the existing waiting list for inpatients on the ward 5B. COMPLETED There was a discussion on how referrals from the ward could be sent electronically. As the latter is likely to take some time it was agreed that I would liaise with Mike Aiken to see if he can convert what is currently a paper referral form for Angioplasties. It was agreed that the vascular surgeons would need to complete agreed boxes before the referral can be processed. This will replace the current system where the form is currently hand delivered. COMPLETED 2.88 will arrange for the proposed electronic form to be vetted by Dr Centini and Mr Arya. COMPLETED 3.It was agreed that all urgent inpatients on 5B requiring an interventional radiology procedure should be seen within 5 days and this should include the process of referral in-patient Angioplasty. Urgent, needs to be done within 5 days of request COMPLETED AND REVIEWED WITH ONGOING AUDIT 4.Non urgent patients will be seen within 2-3 weeks.Outpatient Urgent Angioplasty: Needs to be done within 2-3 weeks of request (these are still urgent patients with critical leg ischaemia or graft stenosis)COMPLETED AND REVIEWED WITH ONGOING AUDIT Outpatient Elective Angioplasty: Normal 18 week pathway	15	15	6	Allen, Nigel	Lalloo, Yvonne	Validation update 13.4.17 - Nigel Allen to provide update on mitigating actions as outline in attached e-mail. 27.08.17 Risk Summit for Interventional Radiology held on 8 August 2017, presented by Nigel Allen. Exec representative was Simon Evans. one outcome of this meeting was the Surgical CD would review the 9 sets of notes that potentially were harmed. NA will be requested to provide full update of summit to this register and further update. e mail sent to YL and NA on 27.08.17 requesting update to be undertaken LX UPDATE: 31/08/17- NA gave presentation (attached) to Risk Summit on 08/08/17- Questions to ask: Do we continue to provide IR, Do we continue to provide a full range of IR procedures? Do we provide a safe service. Consensus from Summit: Yes on all counts. Action Plan reviewed and approved (attached to risk register) NA submitted Paper to the Exec Team (23/8/17) regarding IR services and Actions underway/completed. No feedback received as of 31/8/17... Paper attached. As of 1 /9/17 continue to work on Action Plan.
3865	22/03/2017	12/01/2018	Grantham & District Hospital	Grantham	Accident and Emergency	Clinical Risk	Lack of hand washing facilities	The left hand side of the department 7 cubicles have no hand washing facilities.	Hand Gel is available inside the cubicles and there is a sink in the corridor for hand washing.	0	0	15	15	5	Shepherd, Teresa		12/12/2017 11:53:24 Mandy Charles] Cannot have basin in every room but looking at one in corridor - trough sink being considered. Will need to ensure adequate turning circle for trolleys coming out of exam cubicles. Further discussion needed Discussed at site infection prevention meeting Estates have been asked to look at installation of sinks. 20/6/17 Still awaiting price form estates - last asked on 15th June - review date changed to 7th August 26/6/17 - NH from estates requested meeting with TS to take this action forward 6/09/17 - see email to TS
3879	19/04/2017	12/12/2017	Pilgrim Hospital, Boston	Pilgrim BU - Surgery	Orthopaedics	Clinical Risk	Staffing Vacancies	There is a considerable trained staffing deficit on Ward 3A. Currently a deficit of 7.26 WTE this equates to 47% of the whole trained establishment including Band sixes and 7s	Supervisory time for sixes and sevens forfeited to ensure clinical cover Robust rota including covering excess hours to part time staff Rotas completed and vacancies sent to bank Assurance that senior nurse is always on duty and weekend cover Visits by matron daily and staffing assessed On going advert and recruitment drives Risk assessments completed when acuity is particularly high and extra support requested Safer staffing data inputted daily to assess the risk Operational Matron Mon-Fri to mitigate shortfalls if required Discussed at confirm and challenges. Request risk summit with Debrah Bates	Continue to ensure staffing is assessed daily. Have had to reduce the amount of OT for band six as working considerable hours staffing supported by sister and deputy in the numbers Aware at staffing review and discussed with Deputy Chief Nurse No NQN allocated to 3A in September	Continue to monitor daily For rolling advert to continue To book staffing in advance and ensure rota is robust in guidelines with leave	15	15	10	Alibones, Joanne	Harwood, Mrs Kelly	19/12/2017 09:32:49 Gabrielle Hough] November 2017 - Update from KH Matron - staffing continues to be a concern with high vacancy of registered nurses. Utilising AP and TNA to mitigate risk, bank fill rate excellent. Awaiting to have joint advert for 3a/3b approved. Updated 26/06/17 Situation remains unchanged Joint advert for third floor to be placed to attract staff. Sister remains predominantly in numbers Band sizes also in numbers, staff working extra. Booking staff in advance and ensuring the shifts are out in advance
3893	01/06/2017	11/09/2017	Pilgrim Hospital, Boston	Pilgrim BU - Medicine	Endocrinology/Diabetes	Clinical Risk	Lack of central location for Diabetes Team	Dr Jacob has asked to raise the lack of a Diabetes Specialist Centre at Pilgrim Hospital as a risk to the organisation. This is having an effect on: Patient length of stay Continuity of care for inpatients and outpatients Quality of care for inpatients and outpatients. Ideally the service should be situated as a unit for the entire team (secretaries, clerks, specialists, nurses, doctors etc.) to provide a multi-disciplinary service to our patients. [August update] Also, the last two MICAC cleanliness audit results for the "diabetic suite" in the maternity block scored 56.86% and 80.85%. This supports the need for the diabetes service to be moved to a central location as the current environment is not suitable.	Specialist nurses are housed in one room with the data input clerk on M3, consultants are in a separate room on M3, medical secretaries are in the support block, dietician is also in the support block but on another floor, junior doctors are mostly based on R3, consultants are on M3 in a separate office, eye screening is held in the main hospital etc.	0	0	15	15	6	Jacob, Koshy		11.08.17 JTT - Further requests to facilities to provide options/solutions to the current situation with the current Diabetes team situated in a building that is not suitable for patients to be seen in and surrounded by asbestos. Recent Visit from EGP identified area as unsuitable, awaiting formal report.
3894	01/06/2017	11/09/2017	Pilgrim Hospital, Boston	Pilgrim BU - Medicine	Respiratory Medicine	Clinical Risk	Lack of space for medical secretaries	Currently there is a need for additional desks / space for multiple members of the team as desks are having to be located in other departments for these staff to use on a daily basis.	Staff are working with colleagues to find space where available in other departments, or the coordinator shares the consultant's desk when available. Considered change of working hours for some staff but as the team is quite small this potentially leaves the team short staffed with holidays / sickness etc.	0	0	15	15	6	Thomas-Thompson, Mr Jonathan		11.08.17 JTT - B2 Admin Assistant potentially retiring in the near future that would elevate some of the pressure. Current ward configuration discussions underway that may then move or relocate the Respiratory team in its entirety. Cardio/Resp ward under consideration, which then may provide office space within the ward area.
3908	27/06/2017	31/03/2018	Pilgrim Hospital, Boston	Pilgrim BU - Surgery	Ear, nose and throat	Clinical Risk	Concerns with Head and neck cancer services	1)M1 curative surgery is not being undertaken at a single named designated hospital. Major resectional head and neck cancer surgery is been undertaken at two different trusts provider sites. This is not compliant with the Improving Outcomes Guidance and there is no prospective commissioner agreement or derogation in place to support this practice. There is a low volume of surgery undertaken and the reviewers are not assured there is appropriate attendance at the MDT meeting by all surgeons who undertake major surgery or that appropriate governance arrangements exist. There was a lack of outcome data provided to assure the reviewers that appropriate monitoring of patient outcomes is in place. In the absence of outcome data the reviewers are concerned that is likely to result in significant harm to patients; have a direct serious adverse impact on clinical outcomes and therefore requires immediate action. Due to limited availability of speech and language therapy support there is a risk to the outcomes of patients operated on in Lincoln which is likely to have an impact on nutrition, hydration and psychosocial support for patients. Compromised assessment of swallowing function is likely to lead to harm and compromise clinical outcomes with potentially fatal outcomes and therefore also requires immediate action. 2)There is not a robust diagnostic pathway in place. There is a lack of radiology cover at Lincoln and images are reported by non-specialist head and neck radiologists. This may cause delays in diagnosis or compromise report quality introducing the potential for misdiagnosis. The reviewers are not assured that the long term sickness of the core pathology member has been covered or that there is evidence of recent participation in the EQA scheme by either the core or cover pathologist. Lack of appropriately qualified diagnostic clinicians may compromise the quality of patient outcomes. 3)The MDT does not have a core reconstructive dental practitioner as a member. Pre-treatment dental assessment is an increasingly important factor in avoidance of post radiotherapy Osteo RadioNecrosis, a sepsis influencing surgical outcomes and functional impairment. Lack of appropriate skilled and knowledgeable dental treatment planning and care delivery could compromise the quality of outcomes to patients. 4)There is insufficient specialist dietetic resource for the service. The reviewers are concerned that there is compromise to the sustainability of being able to provide pre-treatment and ongoing review. Lack of nutritional advice can compromise the quality of outcomes; impede pre-optimisation and miss opportunities to reduce complications from invasive and complex surgery. 5)Following a patient case	Please see attached action plan Arrangements now in place for all complex head and neck cancer surgery to be undertaken at NHH with a combined MDT arrangement. Actions being overseen by specialist commissioning team who are holding fortnightly assurance meetings, ongoing issues with lack of provision of therapies with business case awaiting approval in the trust.	Please see attached action plan	20	15	6	McRae, Andy	Cleveland, Mr Neil		
3909	28/06/2017	29/01/2018	Lincoln County Hospital	Integrated Medicine - Lincoln BU	Cardiology	Clinical Risk	Risk of patient harm due to outpatient delays in Cardiology	There are currently 701 patients waiting for a first appointment trustwide, with an average 27 week wait and 811 overdue follow up patients awaiting an appointment with an average of 33 weeks wait for an appointment. Currently the demand on the service does not meet the capacity that it is set up to deliver. This is adversely affecting patient safety and is leading to poor 18 week performance trustwide in Cardiology.	Current recovery plan in place Consultants at LCH working additional PAs and holding extra clinics Virtual clinic reviews held for patients on PBWL Discussions outside Trust re. managing referrals into service Additional clinics held by locums to increase temporary capacity Utilisation and full reviews of waiting lists and use of slot management Review: 26th July - 456 patients waiting for new appointment (35 LCH - 4wks, 176 GKX 24 wks, 185 PHB 20 wks). PBWL currently at 836 fups (299 LCH, 27 wks / 99 GKX, 8 wks / 438 PHB, 32 wks) Additional consultant (locum) reduced volume of new referrals at LCH. To continue holding additional clinics on all hoc Fridays and Saturdays. Issues with Medway clinic generation and C&A booking. Escalated via RTT meeting and Performance Review meeting. Valve clinic business case re: PBWL reduction to be complete and to go to IPB end of August 17.	Shortage of consultants Slots remaining unbooked Referrals into service high Variety of unnecessary consultant referrals	Additional locum consultants approved - advertisements out as of 28/6/17 Discussions held with Choice and Access re. slot management. BU currently policing and filling slots in interim Discussions with CCG re. managing referrals, including advice and guidance and own f/up management Developments began to utilise other HCPs to hold clinics, including physiologist valve clinics	15	15	6	Chantry, Chris	O'Brien, David	09/01/2018 15:48:33 Michael Foreman] 09/01/18. Numbers below 100. Situation continues to improve, but remains a risk. All updated at TW Cardio Gov. MF 02/01/2018 09:15:49 Gabrielle Hough] 29/12/17 - update from L Vickers. Waiting times at all sites now around 8-10 week mark except for specialist clinics like GI/CH. Further meeting held with CCG looking at plans for electronically receiving all referrals on an advice and guidance basis with consultants able to then upgrade patients to needing a new appointment only where necessary. In principle agreement between CCGs and UHHT. Lee Parkin reviewing new module on the electronic referrals system and will report back to confirm if it would meet our needs. Further meeting arranged for 10/01/18 to review GKX and BPH new referrals with GP from SWLCCG and LECCG. 22.11.17 - update from L Vickers - waiting times continue to stabilise. Review meeting with CCG representatives from East and West Lincs CCG took place as planned. Key themes from the meeting summarised and circulated. Indication that there is an option to manage more patients Tona 23% via advice and guidance potentially in the future. This will require further discussion. Further meeting planned for December to review Bolton and Grantham Site referrals as case mix at Lincoln was different to other sites. Discussion continues to take place at RTT Task and Finish Group. 11.10.17 - GH updated with L Vickers - one locum from LCH left during Aug 17. Current waiting times: LCH 9 weeks, GK 22 weeks, PHB 16 weeks. Continuing work to equalise waits across sites. Overdue PBWL now 611 reduced from 807 at beginning of Aug 17. Work commenced with GP representatives from Lincs East and Lincs West to undertake an audit of 1 weeks referrals in October to look at options for demand management. This continues to be discussed monthly at RTT Task & Finish Group with NHSI and NHSE. 13.09.17 - GH updated with L Vickers - current waiting times: LCH 5 weeks, GK 18 weeks, PHB 12 weeks. Fup wait is reducing with plans for the agency locum to target overdue fups at PHB
3916	13/07/2017	02/02/2018	Pilgrim Hospital, Boston	Pilgrim BU - Surgery	Ophthalmology	Clinical Risk	Intravitreal injection room	Inadequate ventilation and temperature control - too hot / humid particularly during the summer months, but poor ventilation a risk all year round. Risks to patient: Fainting / extreme heat due to ambient room temperature, plus need to use operating light which increases room temperature further. Infection risk due to humidity, and possibility of surgeons sweat dripping onto patients. one recent case of endophthalmitis in a patient undergoing treatment. Staff risks: Fainting / dehydration, swollen feet/heat rash/excessive sweating / poor concentration / increased tiredness and irritability. Poor environmental conditions - high humidity - fans cannot be used due to infection risk. unable to provide jugs of water as patients wait in a narrow access corridor prior to their treatment.	Numbers of staff in room kept to a minimum operating light in use for the shortest amount of time possible to try to reduce ambient temperature	unable to provide water for patients unable to maintain room at a reasonable temperature. infection risk staff risk.	monitor temperatures daily during each treatment session cancel sessions if room becomes too hot. record advise incidents on R1	15	15	6	Clark, Carmen		02/01/2018 12:26:30 Carmen Clark] update 2/1/18. Room is currently not in use due to out of hours building work. However, it is anticipated that the issues raised in this risk will remain, and an updated risk is being added to the register to account for the changes made to the environment: namely removal of the expelair fan and the increased heat risk in the room, as well as other environmental issues such as noise pollution from the new out of hours waiting area immediately behind the wall. Reviewed 2/8/17: Facilities have attended to provide quote for air-conditioning to room
3918	10/07/2017	27/12/2017	Lincoln County Hospital	Integrated Medicine - Lincoln BU	Cardiology	Health and Safety	There is a risk to staff of heat exhaustion due to high temperature in kitchen	This is caused by excessive temperature in the ward kitchen, which has repeatedly risen to >35 degrees. This has the effect of making it intolerable to work, potentially leading to heat exhaustion. Task such as preparing food taking longer as staff have to leave the room to cool down. There is a potential hygiene issue due to staff perspiration. This is compounded by the Fire Door to the kitchen having to be kept closed. There is a subordinate risk of staff being trapped in the kitchen if the cooker is the source of fire due to no secondary exit. Escalated to Matron (DG) for appropriate governance	Staff informed to work in there a little as possible due to extreme heat and drink plenty of fluids. Temperature recordings undertaken daily. 2 x electrical fans in room; however these only circulates hot air.	Currently risk not bounded so gaps not yet fully identified. No secondary access. No likelihood of air conditioning on grounds of cost - it is possible to attribute this to a person or get them to put it in writing	Seek fire advice - does door lead to be kept closed if staff in kitchen. - see attached e-mail discussed at TW Cardio Gov. MF Trust has approached NHS-f for funding for fire safety measures - this would include self-closing doors. Get HSW team to do risk assessment	15	15	6	Gibbins, Donna	Rodgers, Julie	09/01/2018 15:55:42 Michael Foreman] 09/01/18. Dr O'Brien to pick up with Paul Boocock. Discussed at TW Cardio Gov. MF 17/7 - Risk reformed 18/7 - Advice from fire officer received by telecom Monitoring Temperatures in kitchen July 17 ranged from 28 - 35 August 17 ranged from 29 - 36 September 2017 ranged from 26 - 34. Remain waiting for decision on fire doors. Ward fridge temperature keeps rising and therefore not compliant with trust policy, as motor struggling to keep fridge cool. 27/11. Raised again with Matron at 1:1. Awaiting trust decision and plan

3922	22/07/2017	12/02/2018	Grantham & District Hospital	Grantham	Accident and Emergency	Health and Safety	Environment very hot	The department has no outside windows and all doors are fire doors. Therefore during the warm weather we are unable to open doors or windows and the temperature in the department is reaching 30 degrees. This is not a healthy environment for patients presenting with sepsis and nursing staff trying to work in this temperature.	Portable fans are used for patients but there are not enough to provide one each.	Not enough fans for all patients/ rooms or staff.	Air conditioning. Quotes have been asked for.	15	15	6	Shepherd, Teresa		[12/12/2017 11:55:25 Mandy Charles] Not an issue during the winter. Now have prices for air conditioning/waiting room and the doctors office.	
3930	25/08/2017	18/01/2018	Lincoln County Hospital	Integrated Medicine - Lincoln BU	Clinical Haematology	Clinical Risk	Risk of a backlog of new and follow-up out-patients due to demand within Haematology exceeds capacity	Unable to provide Outpatient appointments to patients in a timely manner. Consultant Clinics significantly overbooked creating clinical risk. Waiting times for appointments are causing a risk to patient safety, but the risk to safety is mitigated by the overbooking of clinics which in itself is creating clinical risk. Current Waiting Times are: LCH 5 weeks, GKX 10 weeks, BPH 18 weeks. This is achieved with significant overbooking and is unsustainable. There is a significant gap between capacity and demand.	Next actions are - business case for nurse led clinics and a potential risk-share with the CCG about managing the demand into the service. We are also struggling to recruit substantively, so this will allow some of the risk attributed to the accrual of new patients, as the nurse led clinics can take swathes of Fugs out	TBC	TBC	15	15		Saravananth, Dr Kandeepan	Vickers, Lisa	[02/01/2018 09:16:49 Gabrielle Hough] 29/12/17 - update from L Vickers - business case for nurse-led clinics is now with Karen Brown, Director of Finance and Contracting Team. Karen will report back following her discussions with commissioners regarding the risk share options. 22.11.17 - update from L Vickers - case regarding increasing nurse-led clinics completed and being shared with contracting team to share with commissioners. Commissioners being asked to risk share the income loss of this change in practice which is clinically appropriate and supported. Further business case for increasing specialist nurses underway with Matron finalising figures in November 2017. 11.10.17 - GH updated with L Vickers - Business Case for increased specialist nurse staffing to be completed in October 2017. Discussions remain on-going with commissioners. Successful appointment of 2 speciality doctors (1 at LCH and 1 at PHB) to commence shortly which will increase capacity. 13.09.17 - GH updated with L Vickers - amended description - currently reviewing capacity and demand - meeting with Director of Finance to look at increasing the amount of Nurse Led clinics to reduce the numbers being overbooked into consultant clinics. Need support from finance to discuss with commissioners about sharing risk around income - e.g. negotiating tariffs for nurse led clinics.	
3934	13/09/2017	12/02/2018	Grantham & District Hospital	Grantham	Accident and Emergency	Health and Safety	Leaking roof	Linon cupboard roof leaks. The room is small and had an electric light in the ceiling. The linen cupboard in A&E has a leaking roof. It is leaking around the site of an old light fitting. A new light fitting is in situ. The plaster is peeling off the ceiling and it looks like there is some shift in the plaster board. Possible staff will slip on a wet floor resulting in injury and time away from the workplace. Possible staff may receive an electric shock from water and electric mix, again resulting in loss of attendance at work. Ceiling does not look safe therefore risk of debris falling and injuring a member of staff resulting in loss of attendance at work.	Bucket used to stop the floor getting wet. Mop up excess water. Do not use the light in the area.	Bucket gets moved. Staff forget to place the bucket the light gets switched on.	Staff to be mindful when entering the room when it has or is raining. Staff to be aware the floor may be slippery. Staff to be mindful of using the lights. Reported to estates for repair 233134 14th September 2017	15	15	1	Charles, Mandy		[12/12/2017 12:00:27 Mandy Charles] Continues to be a problem and no change in actions even with estates being called when its actually leaking	
3940	28/09/2017	20/02/2018	Lincoln County Hospital	Corporate Services	Estates	Clinical Risk	Provision of Manual Handling Training across the Trust	The Trust following a review undertaken by the Manual Handling Task and Finish Group established in March 2017 has identified that at this present time the Trust have no "competent trainers" to undertake manual handling/people handling training. The requirement does not fully meet the following criteria outlined within Core Skills for Health Framework and would not satisfy the Health and Safety at Work etc Act 1974. Which addresses the way in which health and safety should be tackled within organisations to ensure the health, safety and welfare of employees. In particular, the Act has specific requirements for employers to: - provide information, instruction, training and supervision	The Health and Safety Team through its trainers are currently delivering a programme of training for induction, Core Learning and HCSW programmes. The programme which has been consulted and approved by the Learning and Organisational Development Team and the Clinical Education Team, provides within the time constraints of the session programme demonstration/ teaching in people handling techniques and equipment usage for people handling transfers however this does not fulfil the requirements under the Core Skills for Health Framework (Criteria for Content Mapping in version 1.2.1) The Trust has in place ergo coaches established from programme delivered within the Trust from 2010 known as Diligent. The Trust currently has 213 trained Ergo coaches in wards and departments areas these figures are as of March 2017, out of the 240 that have been trained previously. The remaining 27 had either left the trust or moved to roles where being an Ergo coach was not facilitated. This equates to a 13% reduction over the years we have been implementing this system of training. The Trust through the Allied Health Professionals (Nita Cooper-Clinical Lead - Therapies and some patients are admitted in medicine (unnecessarily) other are taking in charge by CIR	Delivery of sustained programme of training for people handling resourced from within the Trust As a result of a short fall in staffing levels from December 2016 within the Health & Safety Team, the requisite competent persons' to deliver People Handling training to members of staff within a classroom environment, this element of training in its current capacity is not sustainable without financial investment/ support and currently no further courses have been planned. Training at this time delivered by the Health & Safety trainers is limited to Induction Core Learning Module 4 Health & Safety - no practical and with a primary focus on inanimate loads HCSW programme 1 day training depending on size of the group. The risk is identified as a strategic clinical risk due to the following areas and the likelihood of harm relating to: 1 Musculoskeletal injury to staff and patients 2 Deterioration of patient mobility increasing the risk of pressure ulcers and increased length of stay 3 Increased risk of poor publicity as a result of point 2	Option 1 - Clinical Training Department to deliver a programme Manual Handling Trainers Course 2 day Supported alternate years by an in-house E-Learning module programme and self-test. This would require 2 full time posts in the role of training manual handling Option 2 - External company delivering a programme of training in Manual Handling (i.e. ROSPA 4 day programme (BTEC Level 4 valid for 3 years) 1:12 delegates delivered at their training location. Costs based on number of courses and persons requiring training. Supported alternate years by an in-house E-Learning module programme and self-test Option 3 - External company delivering a programme of training (i.e. ROSPA 1 day programme ratio 1:12 delegates delivered in-house. Costs based on number of courses and persons requiring training. Supported alternate years by an in-house E-Learning module programme and self-test	15	15	6	Fitzmaurice, Philippa		[27/12/2017 11:25:47 Philippa Fitzmaurice] Review update: following meeting held on the 20 December 2017 for the Manual Handling Task and Finish Group (see attached in documents meeting notes). No further progress has been made and a paper for the Trust Health & Safety Committee will be presented as an agenda item.	
3941	05/10/2017	24/11/2017	Pilgrim Hospital, Boston	Pilgrim BU - Medicine	Elderly Care	CCQ compliance risk	Frailty Services at the Front door.	At the moment the frailty services are not running at the front door and the pathway that was in place with CIR is not working. Elderly people not having their flight assessment before discharge. There were already some cases with patients that didn't have the medical input that was needed. It. Elderly patients admitted with fall for example and discharged with no right revision of medication, cognition, functional situation.	Some patients are admitted in medicine (unnecessarily) other are taking in charge by CIR	Non existing frailty services	We need to appoint a frailty nurse at the front door and a consultant input from care of the elderly at the moment we cannot take any actions because there is no capacity for it.	15	15	6	Zubiaga Lopez, Sofia			
3943	09/10/2017	12/12/2017	Lincoln County Hospital	Clinical Support Services	Choice, Access and Booking	Strategic Risk	failure to destroy archived health records	The trust has not sanctioned the destruction of health records for years, which contravenes Caldecott. This is in main due to the Goddard enquiry. There is no plan in place to address this and we currently have an estimated 200000 files off site.	Currently files are sent offsite.	Files are currently not culled in-house. There is little control or process detail when sending health records off-site. There is inadequate staff resource to carry out appropriate work.	Health records to decide on a course of action with legal and IG	15	15	6	Laloo, Yavenuscha		[19/12/2017 09:51:28 Gabrielle Hough] discussed at Clinical Records Committee 15/12/17 - minutes to be uploaded as evidence when released	
3958	08/11/2017	11/12/2017	Pilgrim Hospital, Boston	Pilgrim BU - Medicine	Elderly Care	Clinical Risk	Staffing issue	A Registered Nurse Vacancy of 10.52.	Staffing establishments discussed at Risk Summit. Agreed to increase the HCSW numbers up to five on a long day in the week and at the weekend. HCSW numbers remaining the same on the night. Drop from five registered nurses on a late shift and a long day on the Saturday and the Sunday to four.	Ops Matron endeavours to ensure safe staffing across the site and moves within wards to make as safe as possible. Agency requests put out to agency at one week and overtime offered the day before.	Short term sickness and shift cancellations.	Risk Summit 10/10/2017. Temporary change to template and daily staffing review with Matron. Discussed at Clinical Governance and agreed staffing should be on the risk register.	15	15	6	Skinner, Maxine	Cryan, Rachelle	
3965	22/11/2017	23/02/2018	Lincoln County Hospital	Clinical Support Services	Dietetics	Clinical Risk	Lack of Dietetic Assistant on Ashby Ward	Ashby ward has increased the bed numbers. A business case has been agreed for additional staffing including 27 hours of Dietetic Assistant now banded as E3. The post has now gone to Clinical Director for sign off but the recruitment process has not commenced. Been made aware that funding for this post is not being released the Trust.	Dietitian is providing limited service to ward.	Additional beds are now in place but no dietetic assistant provision.	Post has now been banded. Post has gone for CD and Finance approval, will then go to VCP for approval to recruit.	15	15	1	Green, Katherine			
3966	22/11/2017	23/02/2018	Lincoln County Hospital	Clinical Support Services	Dietetics	Clinical Risk	Inadequate Dietetic service - head and neck cancer patients	Dietetic service is not commissioned to support patients with head & neck cancer. Service does not fulfil requirements of national recommendations on staffing.	Very limited service provided from existing dietetic resource. Business case has been written and submitted. Participating in service review. Proposal with McMillan Cancer network Lead to put bid to McMillan for Dietetic post funding. This will allow time for the pathway to be fully mapped and a supporting business case developed.	Service to head and neck cancer patients is inadequate which compromises the nutritional care of this patient group and consequently their treatment outcomes.	Business case written and participating in service review. Business been costed and gone to Surgery Business Unit. Proposal for 2 year funding from McMillan to support a Dietetic post. Further meeting planned with McMillan lead.	15	15	1	Green, Katherine			
3967	23/11/2017	22/12/2017	Lincoln County Hospital	Women and Childrens BU	Community Paediatrics	Clinical Risk	ADHD Transition service- post 18	No Adult service available for transfer of children with a diagnosis of ADHD and on medication, at 18 years of age. They are being discharged back to GP.	This issue has been escalated by the department to the Directorate's Governance meeting. It has also been raised with the Commissioners and a formal escalation in the form of a written letter is underway. At the moment clinicians try to wean children off medication before 18, whenever possible. If children are still required to be continued on medication GPs are requested to consider referrals to Out of county services. Services such as CAMHS if involved in the care of the child due to presence of comorbid conditions are informed of the child's discharge.	Out of county referral may not be always possible.	Clinicians try to wean children off medication before 18, wherever possible. If children are still required to be continued on medication GPs are requested to consider referrals to Out of county services. Services such as CAMHS if involved in the care of the child due to presence of comorbid conditions are informed of the child's discharge.	15	15	1	Johnson, Folasade			
3969	27/11/2017	27/12/2017	Pilgrim Hospital, Boston	Pilgrim BU - Surgery	General Surgery	Clinical Risk	Pathway delays for emergency adms due to lack of 24/7 consultant on admission	Consultant review of patients within 14 hours of an emergency admission - SAU / SA NCEPOD studies have indicated that consultant review within 14 hours of admission to hospital leads to better clinical outcomes through requesting of all the necessary investigations and tests as well timely diagnosis and commencement on the correct care pathway. Not complying with this practice risks: Increased mortality Increased morbidity Longer LOS Low FFF / a complaint / poor patient experience (Trust reputation) S&D is showing current system allows between 20 and 60% of patients to be consultant reviewed within 14 hours. Lincoln SEAU is demonstrating 90 to 100%.	At present, the consultant rota is split into 3 (fri Bam-mon Bam)land 4 (mon Bam - fri Bam), spread over a 1 in 6 basis. The consultants step in with adhoc arrangements to reduce this risk, however this is not sustainable and if this were not to happen, the risks would be greater in terms of mortality and morbidity	6 Consultants employed currently, which if changed the rota into shift based, would have significant implications and require cancellation of elective workload, which would mean reducing one risk and increasing another	A shift based rota will need devising Business case was previously written when asked to implement 7 day working. The assessment identified the need for 2 consultants to allow continuation of elective work as well as safety rota the emergency workload to meet the 14 hr standard	15	15	1	Mohan, Mr Jayarama			
3994	19/01/2018	19/02/2018	Trust-wide	Trustwide		Corporate Risk	There is the risk LUHT will face being fined for not meeting the Duty of Candour trajectories	The Trust's current Duty of Candour compliance is not reaching the trajectory set by the CCG. From December to February, the target is that 65% of all moderate/severe/death incidents will have met their Duty of Candour legal obligation. The Trust failed to reach that in December and will now face potential fines for its non-compliance. The Trust could face potential fines in January and February if it continues to fail to reach the trajectory. March's target is 95%.	Weekly performance figures are shared with all Business Units. Chaser Emails and telephone conversations to handlers of non-compliant DoC incidents. Performance escalated to assurance committees and Trust Board. Incidents harm checked at SI meeting to see whether they are a moderate.	Handlers of incidents not responding to chaser emails and not fulfilling their DoC obligation. Staff not understanding the consequences of not meeting DoC and therefore do not see it as a priority. Ownership around the apology and who should deliver it.	Working on a new DoC process to increase the ownership at a directorate level. Outside organisation to deliver DoC training at the next leadership forum. To chase non compliant incidents more intensely and earlier on in the month.	15	15	6	Hepburn, Dr Neill			
3995	23/01/2018	23/02/2018	Lincoln County Hospital	Surgical BU - Lincoln/ Louth	Orthodontics	Clinical Risk	Mid-treatment patients trapped in partial booking waiting list.	Following absence of reception staff in Clinic 9 in August 2017 the reception service was contracted to the Medical records team. Their protocol is to book each appointment that is scheduled for 6+ weeks by Partial Booking and not to give the family a date before they leave the clinic. Prior to August all treatment patients were given their next appointment before they left the clinic, in order to liaise with the laboratory, to ensure correct clinic code/ clinician and to book a series of appointments if required, eg around an admission date. As a result of capacity issues, agents who would normally be attending at 5-weekly intervals are now forced to attend at 7-8 week intervals and have thus been displaced onto PBWL.	Clinicians have engaged with the Partial Booking Team and requested relevant clinic codes are added so that patients can be returned to correct clinician once removed from list. Operational managers have requested from 15th January 2018 ALL orthodontic patients already in treatment must receive their next booking at the reception desk before they leave the clinic.	All patients (in excess of 380) placed onto PBWL prior to 15th January have no code listed to ensure correct future booking. At 23rd January patients still exiting the treatment clinic with outcome completed on e-outcomes and being sent away without a further visit scheduled.	No robust plan in place. Continued risk of disruption to productivity, loss of continuity of treatment, risk of patient harm as a result of missed or postponed appointments.	15	15	6	GaukRoger, Maren			
4005	29/01/2018	27/04/2018	Pilgrim Hospital, Boston	Pilgrim BU - Medicine		Clinical Risk	lack of Dayroom	Dayroom currently being utilised as an escalation bed. This in turn means that there is no place for bad news to be broken or no waiting area for patients being discharged. If AMU had a dayroom- flow within the hospital would be facilitated. EDDs would be completed in a timely manner, furthermore a functioning dayroom would improve patient/ family experience by allowing somewhere private for both patients and family members to be updated specifically by doctors. Whilst conducting ward assurance- this has been highlighted several times in feedback from both patients and relatives.	Difficult discussions currently being held in Ward Sisters office or staffroom. The AMU staffroom is also not an appropriate place for difficult discussions as staff need to utilise this space at break times. This is not a private room and offers many interruptions to the patients or relatives.	Ward Sisters office is an inappropriate place for such discussions to be held because both patient's and staff files are readily accessible. Concerns raised that side room 9 is being used as an escalation bed and there is not always the capacity to enforce this decision.	To be discussed at directorate governance with the view of permanently changing the use of side room 9 to an effective dayroom. Concerns raised that side room 9 is being used as an escalation bed and there is not always the capacity to enforce this decision.	15	15	1	Carter, Holly	Jacob, Koshy		