

New Risks - January 2018 (29)

ID	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
3978	02/01/2018	01/02/2018	Pilgrim Hospital, Boston	Pilgrim BU - Surgery	Ophthalmology	Clinical Risk	Intravitreal Injection Room	Treatment room used for intravitreal injections not fit for purpose. This room is used for minimum of 60 to 72 + patients per week for time critical treatment which could cause loss of vision if delayed. The allocated room is in the orthodontics department with a fire escape door to the outside adjacent to A&E Department. Building works commenced in 12/2017 for Out of Hours service with no consultation with Head & Neck business unit. The fire doors and escape fan have been removed leaving holes through to a new public corridor that has been created. Next to the former fire doors a reception desk has been created. The risks are:- - infection prevention and control - from dust and damage to walls and floor - currently air currents but if holes are bricked up no ventilation - Noise - from people checking in at reception cause by antisocial behaviour and drug of alcohol abuse. - lack of ability to regulate heat in the room - due to nature of treatment being performed patients are likely to faint. Due to size of room there is restricted space when the equipment and 3 people, injection, nurse assisting and patient are in the room the temperature is daily very high. Temperatures of 30 degrees Celsius have been recorded in summer months. Formerly on risk register as 3928 and 3916.	Room declared not fit for purpose by HON Linda Keddie. Therefore the room is currently not in use. General Manager Mick Edwards and HON Linda Keddie have made temporary provision for activity to take place in theatres which provides a safe environment. The issues are:- - no storage space for eye injection equipment - Patients need escorting for eye injection to and from theatres - the equipment needs retrieving, taking to and setting up in which ever theatre is allocated for that sessions injection list - additional bank staff have been booked to facilitate this.	There should be no air currents to prevent dust settlement prior to or during injection procedure. An intra ocular infection (endophthalmitis) is likely to lead to permanent loss of vision but may lead to total blindness from risk of sympathetic ophthalmitis and may lead to loss of an eye. In extremely rare circumstances death can ensue from an infection entering the brain via the optic nerve. The walls and floor must be intact to ensure highest standards of cleanliness. There should be no noise to ensure patient safety especially any sudden noise which might cause patient to move and inadvertently impale themselves on injection needle.	For gaps to be bricked in, plastered and painted and all walls to be made good. to a standard to facilitate steam cleaning. For floor to be replaced or repaired. For heating and ventilation to be controlled possibly by connecting into adjacent air conditioning system. See attached Guidelines form Royal College of Ophthalmology and NICE. <a href="http://www.rcophth.ac.uk/core_picker/download.asp?id=1678&amp;letitle=Guidelines+for+intravitreal+injections+Procedure+2009">http://www.rcophth.ac.uk/core_picker/download.asp?id=1678&amp;letitle=Guidelines+for+intravitreal+injections+Procedure+2009</a> <a href="https://www.rcophth.ac.uk/wp-content/uploads/2014/12/2013_PROF_245_Theatres.pdf">https://www.rcophth.ac.uk/wp-content/uploads/2014/12/2013_PROF_245_Theatres.pdf</a>	20	6	6	Moore, Danielle		4/1/18 Current arrangement provides safe environment for pt care whilst work is undertaken to rectify clinical room and make fit for purpose. [04/01/2018 13:13:02 Linda Keddie] 3.1.17 DM requested by LX to strengthen the mitigation as we are not currently using this room due to the risk. a plan is in place to provide suitable / alternative location to do the injections therefore this needs to be added to mitigation. LX [04/01/2018 11:11:31 Danielle Moore] 3/1/18 See amendment to controls in place.
3979	03/01/2018	05/03/2018	Pilgrim Hospital, Boston	Corporate Services	Estates	Health and Safety	Issues with Lighting	a) The condition of the street lighting and car park lighting underground cabling has deteriorated to an unsafe level. Much of the cabling is 40 years old and would fail fixed wiring testing. Underground compound joints are breaking down regularly resulting in frequent faults on the system. b) Lighting levels in many areas below the minimum CIBSE recommended light levels, and have been cited in claims against The Trust in trips and falls at night. c) Many of the light fittings are very old, are uneconomical to run and repair, and liable to breaking	a) Repairs carried out when fault occurs but cabling requires replacing. b) Repair lights when they are not working (finance allowing) c) Fittings checked when maintenance is carried out	a) Financial constraint b) Financial constraint c) Financial constraint	Employ design consultant to redesign street and car park lighting to utilise taller lighting columns. This will use less light fittings and highly efficient LED light fittings. Install new lighting cables to suit new design	15	12	4	Hayden, Mr Ian	Royales, Fred	[03/01/2018 12:21:28 Paul Boocock] Handler changed to IH and manager FR. Needs to be factored into the capital plans / car park infrastructure work.
3980	03/01/2018	05/03/2018	Pilgrim Hospital, Boston	Corporate Services	Estates	Corporate Risk	Risk of obsolete Generators	Generator 1 and 2 contactor panels and associated switchgear are 40 years old and obsolete. These panels switch the generator supply onto load during a power outage to 90% of all clinical areas including the Tower Block, Theatres and A&E. Open design of the electrical panels means it is unsafe to work in panel unless isolated should a failure occur.	Contactors tested during weekly generator tests.	No parts available should breakdown occur. New electrical panel required but financial constraint prevents replacement.	Replace electrical panel (design already provided during the changeover panel replacement carried out 2 years ago).	10	10	5	Boocock, Paul		
3981	03/01/2018	31/01/2018	Trust-wide	Corporate Services		CQC compliance risk	Projected Closure of Overdue SIs	The 147 overdue SIs with a deadline between 01/03/2017 and 01/12/2017 are being reviewed by DCN (LUHT), DCN (LECCG), Patient Safety Manager (LWCCG) and Risk Coordinator, with an agreed closure date for all 147 of 31/01/2018 with the CQC and CCG. There is a risk that this is not going to be completed within the agreed timescales.	As at 03/01/2018 all 147 overdue SIs have been reviewed by the above panel and have an action plan in place.	Due to the upcoming winter pressures, reliance on staff engaging to provide the necessary information and the CCG agreeing closure there is a risk that the action plans in place won't be completed by 31/01/2018.	DCN is monitoring the action plans for all 147 overdue SIs to try and ensure that staff provide the necessary information. Representatives from the CCG were present during review of the incidents.	8	8	4	Jones, Megan	Bagshaw, Victoria	[03/01/2018 15:30:51 Megan Jones] Risk added as agreed with Interim Director of Governance.
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 Kerrie		
3983	05/01/2018	09/02/2018	Trust-wide	Corporate Services	Estates	Strategic Risk	Risk of rights of access over Trust land due to inadequate boundary monitoring and control	Risk of rights of access over Trust land due to inadequate boundary monitoring and control. For example, a number of gates from adjacent private dwellings exist at Grantham giving access to the hospital site which are believed to be unlawful.	None.	Resources to regularly monitor and legally rectify unauthorised access.	A formal process needs to be developed and consideration for legal party involvement.	15	15	6	Addison, Kublay	Hall, Mrs Claire	[10/01/2018 13:34:16 Vicky Dunderdale] 05/01/18 Risk is being managed on the Estates Strategy & Transformational Programme Risk Register
3984	05/01/2018	05/02/2018	Lincoln County Hospital	Corporate Services	Information & Communications Technology	Clinical Risk	Inconsistent Supply of ID/Access Control Cards for Lincoln Site	The staff ID badge is a smart piece of plastic which also provides staff access to doors, wards, and other access like drug cabinets etc. The Lincoln site has two card readers installed, as one form became obsolete. Without the card, staff can't gain access to wards and areas and will then rely on staff opening doors etc, delaying critical access for some staff in urgent situations. An order for 1500 ID/Access Control Cards in May 2016 Despite numerous Communication and chasing even up to CEO Level, No Action from Company (MMS) Company is the sole supplier, Manufacturer will only supply through supply chain Representation made to supply company, no change and no supply of goods.	Cards are being limited to Clinical Staff. Old cards are being asked to be returned and a thin overlay is being used to reuse these cards. The firm is being chased on a regular basis.	Stock is getting critically low. Not many ID cards get returned.	Business case to be produced to remove the Hitag reader component. This will allow cards to be purchased from more suppliers. Business case in a longer period to look at centralising Access control on all sites.	12	12	1	Gay, Nigel		
3985	08/01/2018	09/03/2018	Pilgrim Hospital, Boston	Corporate Services	Estates	Corporate Risk	There is a risk of a prolonged partial blackout at Pilgrim due to ageing HV equipment	a) 80% High voltage switchgear and 40% of the transformers for the Pilgrim site are over 40 years old, and parts are obsolete. This plus the overloading of the LV network puts the site at risk of a prolonged partial blackout should a fault occur on any of these items. b) Current HV switchgear requires 4 yearly shutdown maintenance. Because of the configuration of the HV network this involves running the electrical load for the whole of the Pilgrim site off generators, and also substantial load shedding. There is a risk of generator failure and not enough power even after load shedding due to the increase of services run over the weekend when the shutdown would occur.	a) Regular maintenance carried out on HV equipment by specialist contractor. Certain amount of re-configuration of the electrical system is possible to reduce disruption should a failure occur, dependant on the nature of the fault.	Financial constraints	a) Replace old and inefficient HV oil switch gear with modern maintenance free SF6 circuit breakers and low loss oil free transformers b) Re-configure the HV network to enable sections to be isolated whilst keeping the remaining part of the site on (Ring main network)	12	8	4	Royales, Fred		[08/01/2018 15:19:41 Fred Royales] Asked for monies in new financial year to replace transformers
3986	08/01/2018	09/03/2018	Pilgrim Hospital, Boston	Corporate Services	Estates	Corporate Risk	LV Distribution and Switchgear Replacement	The majority of the electrical switchgear and distribution boards on site are over 40 years old. This is in excess of the recommended replacement age found in HTM06-02. Some of the distribution boards are showing signs of overheating and many boards are full to capacity. Distribution boards do not meet any Form 4 manufacturing standards meaning maintenance is difficult without isolation. Equipment is obsolete.	Monitoring and inspection of distribution boards on PPM (staff numbers allowing)	Financial restraints	Carry out audit of switchgear and distribution boards. Replace failing and obsolete equipment	9	9	6	Royales, Fred		
3987	08/01/2018	06/04/2018	Pilgrim Hospital, Boston	Corporate Services	Estates	Corporate Risk	LV Network Full to Capacity	The LV network within blocks OA, OD, OJ, OW, OT, OV, OX and OY is full to capacity. The N-1 design capacity of the original installation no longer exists, meaning under HV fault conditions all the hospital load cannot be switched within the LV network to continue supply. There is no capacity for new schemes, etc without investing in extending the HV network and taking some of the load of the existing network and re-supply from extended HV network.	Smaller schemes requiring power can bring power in from other parts of the site, but the infrastructure cost to this is not insignificant.	Financial constraints	Increase HV network and load shed existing LV network onto new LV network fed from extended HV system.	9	9	3	Royales, Fred		
3988	10/01/2018	09/02/2018	Lincoln County Hospital	Integrated Medicine - Lincoln BU	Stroke	Clinical Risk	Suboptimal care to patients and loss of income to Trust	Patients with a diagnosis or differential diagnosis of stroke should be admitted direct to a Stroke Unit. This ensures the required multidisciplinary team who work on a Stroke Unit 7 days a week are able to provide the required best practice care to patients. Patients who are admitted to a non-Stroke bed, such as MEAU, are at risk of suboptimal care. Furthermore, there is a loss of income to the Trust. Any Stroke patient where best practice is not met, can result in Best Practice Tariff (BPT) being achieved. The potential loss of not doing this is £1,026 when a patient is not direct admitted to a SU, as well 90% of stay on the SU. During Oct and Nov, X patients went to the Stroke Unit via MEAU.	Protocol in place to ring fence a bed on Stroke Unit Stroke Practitioners employed and now working 24/7 who should support the management of patients from A&E until they reach the Stroke Unit, including guidance and support to the Op Centre with managing the Stroke beds out of hours	Demand on hospital beds exceeds capacity. It is not operationally possible to limit the use of Stroke bed to only Stroke patients, resulting in Stroke patients breaching direct admission and 90% of time on a SU, because of general medicine patients / medical outliers.	Continue to report loss of income NPs to continue to be developed Keep communicating risks to patients	12	12	4	Chapman, Susan	Rojas, Wendy	
3989	10/01/2018	28/02/2018	Trust-wide	Clinical Support Services	Endoscopy	Clinical Risk	Endoscopy Patient Trolleys	Trolleys at Lincoln & Grantham have been condemned and removed from the units due to the age (over 10 years) and safety. This will restrict the number of sedated patients that can be accommodated on the units.	-Procurement process complete last year and standardised trolleys have been commissioned for the Trust -5 year equipment replacement plan is in place -Attendance at the MDG meetings -8 trolleys were replaced last financial year	1. Finance for replacement of the required number of trolleys	1. replace as per identified in the 5 year replacement programme	12	12	4	Dowson, Sandra		
3990	12/01/2018	12/05/2018	Grantham & District Hospital	Corporate Services	Estates	Health and Safety	There is a risk of exposure from asbestos in the roof voids in Block OA front of the hospital at Grantham	There is a risk of exposure to asbestos in the roof voids in Block A front of hospital at Grantham.	Emergency access to area only under the 1 hour rule. Access via permit and wearing of RPE / PPE.	Financial constraints.	Re-surveying with a view to encapsulate exposed woodwork in the roof voids.	8	8	4	Harrison, Nick	Soroka, Mr Mike	[12/01/2018 13:39:07 Vicky Dunderdale] 12/01/18 - A survey of the area has been undertaken and can be provided as evidence if required. [12/01/2018 13:37:39 Vicky Dunderdale] 12/01/18 - Risk added from the Asbestos Core Working Group Risk being managed under the Asbestos Core Programme
3991	12/01/2018	28/02/2018	Lincoln County Hospital	Clinical Support Services	Neurophysiology	Medical Device Risk >ESK (Capital)	Neurophysiology Equipment	2 x Nerve conduction/EMG machines are 9 years old. We have been notified by the company that they are no longer making parts for this model so once the stock levels have been used they would not be able to support repairs. At this point the machine would have to be decommissioned impacting on our service delivery.	Check stock levels with the company to have an insight into the level of the risk and timescales.	1. Due to a change in the manufactures of this equipment their is a need to go out to tender. 2. Lack of an equipment replacement programme	1. Commence tender process 2. Compile a 5 year equipment replacement programme to take forwards	12	12	4	Grace, Mrs Georgina		[30/01/2018 12:16:07 Georgina Grace] 30/01/18: JS informed that the company are coming to LCH on 30/01/18 and Mike from Neurophys will discuss stock levels and confirm in an email to GG as to what the position is. [29/01/2018 14:06:13 Georgina Grace] 29/01/18: Risk reviewed and request sent to JS to confirm whether stock levels have been checked with the company for consideration of timeline of repairs they are able to supply.

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: <ul style="list-style-type: none"> <li>Patients receive the best and most appropriate treatment;</li> <li>NHS resources are not wasted by inappropriate treatment; and</li> <li>There is equity through consistent application of NICE guidance/Quality Standards.</li> </ul> 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 0.8wte 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		
3993	17/01/2018	30/03/2018	Pilgrim Hospital, Boston	Pilgrim BU - Surgery	General Surgery	Clinical Risk	Emergency call bells	There is only emergency call bells available in room 4 on day case. This is a clinical risk should patient require immediate nursing/medical assistance. for issues such as cardiac arrest.  There are patient call bells in all areas on the ward	Portable call bells are in place in each bay/side room with an alarm which sounds at the nurses station. There is 1 hand set which is numbered and labelled and a key at the nurses station so that the nursing team know where the alarm is being raised An SOP has been developed and all of the team have read it and signed to say that they understand the process in emergency situations	Need to have a permanent solution until finances can be sought to rectify the problem	Placed on the risk register. HON asked for a quotes for upgrade of the system	20	6	6	Keddie, Linda		
3994	19/01/2018	19/02/2018	Trust-wide	Trustwide		Corporate Risk	There is the risk ULHT 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, apptients who would normally be attending at 5-6 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 existing 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		
3996	23/01/2018	23/06/2018	Lincoln County Hospital	Clinical Support Services	Radiology	Clinical Risk	PACS Missing Images	Images or complete CT studies have been found to be missing from PACS when radiologists come to report the study or PACS team run the zero images stat.  Lack of CCTV coverage and monitoring at all sites. There is a risk that all areas are not covered within the existing CCTV network. The Trust currently does not pro-actively monitor CCTV across all areas.	Radiographers are tasked with checking that each study is complete and present on PACS before the study is released for reporting.  None.	Pressure of work means that checks may be overlooked. Images have disappeared from PACS even after check have been completed.  Financial constraints and lack of resource.	PACS team to work with GE to rectify fault.  Capital investment required to upgrade current CCTV capability and increase CCTV coverage.	12	9	6	Thomas, Richard		
3997	25/01/2018	23/02/2018	Trust-wide	Corporate Services	Facilities	Corporate Risk	There is a risk to patients and staff caused by lack of CCTV coverage and monitoring	There is a risk that the level of security provision across all sites are not adequate	There are some security provisions are in place but not fully comprehensive. Portering teams are required to back up security professionals.  At Grantham, the security provision is contracted Thursday - Sunday each week.	Investment in radio infrastructure	Survey of current radio equipment across all sites.  ICT involvement required to determine the correct system required.	15	15	6	Behan, Sarah-Jane	Soroka, Mr Mike	[25/01/2018 16:11:07 Vicky Dunderdale] 25/01/18 Risk being managed on the Security Management Risk Programme
3998	25/01/2018	23/02/2018	Trust-wide	Corporate Services	Facilities	Corporate Risk	There is a risk that the level of security provision across all sites are not adequate	There is insufficient security cover across all sites which could lead to impact staff, visitors and patients safety.	Security staff currently using outdated radio communication systems	Investment in radio infrastructure	Survey of current radio equipment across all sites.  ICT involvement required to determine the correct system required.	20	20	4	Behan, Sarah-Jane	Soroka, Mr Mike	[25/01/2018 16:11:38 Vicky Dunderdale] 25/01/18 Risk being managed on the Security Management Risk Programme
3999	25/01/2018	23/02/2018	Trust-wide	Corporate Services	Facilities	Corporate Risk	Radio Communication for security operations	The current radio communication systems are inadequate and requires a review and upgrade. There is a shortage of radios for designated personnel, and this has caused problems when there has been a breakdown with the hospital switchboard. Risks identified: 1. Protection of A&E / Security Staff and the public with increasing abusive / threatening situations 2. Protection of patients - inpatient or day patients - form person(s) who possess items with an intent to cause harm 3. Person(s) accessing or possessing information to use against others as a means of harm or financial gain 4. Inability to communicate adequately between key personnel in the event of a MAJAX or other major incident 5. Risk of physical / psychological harm to staff 6. Safeguarding issues - for children, adults and other vulnerable people 7. Inability to deter and detect crime - theft, arson, vandalism etc 8. Complaints / claims - breaches of security from digital lock access and other means of security 9. Non compliance with CCTV practice and standards for digital image recording 10. Adverse publicity - impact on staff morale and public perception of the Trust	Security staff currently using outdated radio communication systems	Investment in radio infrastructure	Survey of current radio equipment across all sites.  ICT involvement required to determine the correct system required.	16	16	4	Behan, Sarah-Jane	Soroka, Mr Mike	[25/01/2018 16:12:08 Vicky Dunderdale] 25/01/18 Risk being managed on the Security Management Risk Programme
4000	25/01/2018	23/02/2018	Trust-wide	Corporate Services	Estates	Corporate Risk	Risk of inadequate security management in place over Trust Boundaries	Inadequate security management in place over Trust boundaries For example, a number of gates from adjacent private dwellings exist at Grantham giving access to the hospital site which are believed to be unlawful.	None.	Financial restraints	The Trust currently reviewing site lock-down procedures.  Review legal obligations over public right of way.	15	15	4	Behan, Sarah-Jane	Soroka, Mr Mike	[25/01/2018 16:12:40 Vicky Dunderdale] 25/01/18 Risk being managed on the Security Management Risk Programme [25/01/2018 12:06:21 Vicky Dunderdale] This risk is also linked with the Estates Strategy Risk ID 3983
4001	25/01/2018	23/02/2018	Pilgrim Hospital, Boston	Corporate Services	Estates	Health and Safety	There is a risk that the Trust is not complying with drinking water guidelines and HTHM04-01	Chlorine Dioxide dosing impurities due to lack of available maintenance	Automatic monitors in place	Delayed completion of new water main which is required before we can gain access to complete the work required.	It is being constantly monitored and completion of new water main which will be 2018/19.  Capital investment required to mitigate this risk.	16	16	4	Royales, Fred	Farrah, Chris	[25/01/2018 16:18:28 Vicky Dunderdale] 25/01/18 Risk being managed on the Water Safety Risk Programme [25/01/2018 10:46:56 Fred Royales] Tender process taking place so as the work on the tanks and pipework can commence at the start of the new financial year in April 2018.
4002	25/01/2018	23/02/2018	Trust-wide	Corporate Services	Facilities	Corporate Risk	There is risk of no lockdown management procedure in place across the Trust in the event of a major incident	There are no lockdown procedures in place in the event of a major incident. There are no local ward lockdown procedures in place. Inability to lockdown areas in the event of a terrorist incident.	Minimal controls are currently in place - Local security staff manually close areas off.	Inadequate building infrastructure to facilitate fast lockdown. Site wide lock down procedures inadequate. Local ward procedures inadequate. Lack of communication plan following major incident.	Task and finish lockdown group to meet and discuss overall lockdown procedures.	10	10	5	Behan, Sarah-Jane	Soroka, Mr Mike	[25/01/2018 16:13:37 Vicky Dunderdale] 25/01/18 Risk being managed on the Security Management Risk Programme
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	20	20	10	Soroka, Mr Mike	Boocock, Paul	
4004	29/01/2018	28/02/2018	Trust-wide	Clinical Support Services	Endoscopy	Strategic Risk	Shortage of Administration Booking and Reception Staff	Endoscopy has a shortage of Administration within the booking and reception teams due to a combination of sickness, levels of WTE staffing numbers and increase of 4000 referrals in 1 year with no extra staff to cover this. This is causing inefficiencies with some lists not being filled to capacity, potential loss of income, pressure being put on existing staff members, patients waiting longer for appointments dates and other departments having to chase up on patients dates.	Business case has been approved for more staffing and bank to cover the short fall (however due to the specialised nature of Endoscopy booking this is only existing staff doing extra). Management team are helping wherever possible and extra reports are being run daily to keep a track of patients. Those on long term staff have been escalated to HR for appropriate action as per Trust Policy.	Management team are also short of people (already on the risk register) and therefore workload is starting to slip in these areas. Existing staff are already feeling the pressure of this extra demand and therefore when covering extra, even though its their choice, this is not helping.  Due to the differences in booking for Endoscopy and other areas it is not possible to borrow booking clerks from other departments.	Business case has been approved and all BAD's out for advert. With notice period and interviews it is hoped that all posts will be recruited into by May 2018. Training will take up to about 8-12 weeks dependant on contacted hours. Bank staff are in place where possible to support the backlog.	9	9	6	Dowson, Sandra		
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 patients/ 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.  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.	To be discussed at directorate governance with the view of permanently changing the use of side room 9 to a 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	
4006	30/01/2018	09/03/2018	Trust-wide	Clinical Support Services	Orthotics	Clinical Risk	Orthotics Service Provider	The contract with the current service provider will run out on March 31st. There is a risk that there will be no orthotists to provide a service commencing in 1st April 2018. The current IT system is provided by the service provider and we may not be able to access historical patient notes from 1st April, access clinic diaries and appointments, or initiate electronic product orders and invoices. The budget is currently overspent and to support a new provider to deliver the service there may be an increase in sessional costs.	Discussions with current and future provider companies are taking place for TUPE arrangements and securing staff to provide sessions. The preferred IT provider is Clinical manager. The future provider is currently developing a system which links into clinical manager but this will not be ready till summer 2018. We will need more licences for clinical manager at an additional cost. Admin staff will have to use paper diaries for appointments and refer to paper invoices. The CCG are aware of the increase in cost for orthotic sessions and have agreed to pay up to £8k for top up costs	In April 2019 it is planned to move the service across to primary care services. The product contract ends in March 2019, so the service and product will be required tender.	Regular discussions with contracting department and future provider to resolve the continuity of the service Finance overspend patient access IT systems and order processes	6	6	4	Bradley, Lesley		