

| 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 |
|------|------------|-------------|--------------------------|----------------------------------|------------------------|-------------------|---|--|---|--|--|------------------|------------------|-----------------|------------------|---|---|
| 3518 | 15/10/2015 | 15/03/2018 | 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 leak 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 specialist pharmacy services commissioned by NHS England. UPDATE: 20/01/2016 Currently all aseptically 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 15th 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 | 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 | 25 | 25 | 5 | Marin, Francisca | Costello, Colin | [15/02/2018 14:01:35 Gabrielle Hough] update received from Costello (see attached email for full response); risk has been escalated to PSC, report is being written for QGC detailing the risks including non-compliance with national Quality Assurance of Aseptic Preparation Services (QAAPS). The report needs to consider management of the risks based on the QAAPS standards bearing in mind the points that Fran has highlighted in the attached email, detailing reporting lines to the Trust Board for accountabilities associated with aseptic preparation. This shows the accountabilities and responsibilities of the Chief Pharmacist for the Pharmaceutical Quality System (PQS), together with the responsibilities of senior Trust management and the Board (for example to ensure appropriate infrastructure, equipment and facilities). It is important to note that there are specific QAAPS standards that require Trust Board approval. This is important because when we are externally audited by Regional Quality Assurance, we are then able to escalate the actions from these EL(97)52 audits to the appropriate level within the Trust, thereby managing patient risk. There is a very real risk for example that we will not be able to re-open the LCH aseptic unit when audited after installation of the new cabinets because of the poor quality of the unit itself, rather than the quality of the new cabinets. This point is crucial as it requires the Trust Board to be aware of risks associated with capacity planning, both in terms of workload and safe staffing levels to ensure we keep our patients and staff safe when administering and handling cytotoxic chemotherapy, monoclonal antibodies and TPN (QAAPS standard 5.5.2). Also been invited by Ciro and Adam (as chair of the last Patient Safety Committee Friday 9th Feb) to present this risk to the CMB (awaiting date). [15/02/2018 10:54:10 Gabrielle Hough] update request sent to Costello, GM & CD for CSS 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, GMH and the chemotherapy bus. |
| 3520 | 19/10/2015 | 02/03/2018 | Lincoln County Hospital | Corporate Services | Estates | Corporate Risk | Fire Safety Core Risk - Statutory Fire Safety Improvement and Compliance with Legislation | 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 Develop and implement Fire Safety Action Plan to address enforcement notice number 29/5059/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 | Farrah, Chris | [02/01/2018 12:17:20 Vicky Dunderdale] Risk reviewed and updated 02/01/18 [15/09/17 Risk Reviewed in the Risk Review Meeting. The risk scoring was increased from 20 to 25 following the non-compliance in training as referred to in Risk ID 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 FSID (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 UHL, 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 reviewed and updated. Fire doors are currently being surveyed by independent company, fire risk assessments still remain to be reviewed and updated. |
| 4029 | 22/02/2018 | 22/03/2018 | Pilgrim Hospital, Boston | Pilgrim BU - Medicine | Stroke | Clinical Risk | Short-staffing of Stroke Consultants and onerous on call rota | 1 in 3 on call unsustainable. Trust needs to consider joint on-call with Lincoln team implementing tele-medicine similar to Brighton, using Skype for Business. Recruitment of further consultants if necessary to achieve a minimum of 1 in 6. | Nil | 0 | Discussion are on-going with Richard Andrews | 25 | 25 | 4 | Mangion, David | | [26/02/2018 10:11:48 Gabrielle Hough] email to reporter to reconider scoring as risk team believe 25 is inaccurate for level of risk - awaiting response |
| 3024 | 23/09/2013 | 29/12/2017 | Lincoln County Hospital | Clinical Support Services | Pharmacy | Clinical Risk | No electronic prescribing system | ULHT 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. Pharmacists and technicians will provide clinical support 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 an error 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 | 09/03/2018 | 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 inpatient 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 to fully equip RAT area to improve functionality. 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 for 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 reus 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 | Hansord, Karen | Flynn, Dr David | [12/02/2018 10:43:15 Gabrielle Hough] update from Vickers - Wall in old Paed Waiting area to be removed w/c 12/02/18 to expand seating area in main waiting room. Nurse recruitment ongoing with interviews being held 07/02/18. Commenced Bristol Safety Checklist January 2018. Revised EMSAS handover protocol also implemented Feb 18. 1st Project Meeting regarding Resus Expansion Programme planned for end of Feb 18. [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 within the ED for changing facilities and paeds waiting area. GP streaming numbers remain good. Red2Green Process for Medicine revised now to include a twice a week deeper dive process focusing on discharge planning now in place and improving medical flow. 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 nursing staff £500k has been allocated by board for staffing. Medical rotas have been changed as of 24.07.17 to increase medical staffing in department and to better match |
| 3431 | 07/04/2015 | 01/12/2017 | Lincoln County Hospital | Corporate Services | | Strategic Risk | Nurse staffing levels | ULHT faces a challenge to recruit suitably qualified personnel (registered practitioners) to maintain staffing levels to deliver appropriate levels of care. | Daily Red Flags reported Reviews and redeployment (including deployment of specialists) Weekly bank / agency usage meetings Monthly staffing reports to the Board Daily staffing / bed meetings Cancellation of training (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 Introduction of an admin team 13/02/15 - 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) | 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 Develop career pathway into nursing options using apprenticeship framework Continue to bid for SafeCare live funding | 15 | 20 | 9 | Bates, Debrah | Rhodes, Michelle | [08/02/2018 09:28:36 Gabrielle Hough] emailed D Bates for update on risk 06/05 - Risk reviewed - still @15 - DAO 18/05 - Reviewed at SI 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 02/16 - discussed at Surgical BU meeting. No change. To remain on RR. 27/04/16 - Review - no change 03/11 - Reviewed - no change |
| 3441 | 21/04/2015 | 09/03/2018 | 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 echos for in-patients. Currently, 2 staff phased return from LTS. Short term sickness an issue (7.5%). Currently 2 be 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 13/02/15 - 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 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 overpend 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 DOF. 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. Data collection to complete business case by end April 2017 underway and nearing completion. | 20 | 20 | 6 | Medlock, Vicky | Chantry, Chris | [12/02/2018 10:42:21 Gabrielle Hough] Update from L Vickers - Consultant Echocardiographer appointed in post 02/01/18 increasing capacity for specialised echo services. Interim Acting Cardiac Physiology Manager commenced and commenced on 01/02/18 with interviews for substantive post to be held on 23/02/18. Agency locum staff remain in place whilst Business Case for increased staffing establishment is agreed. [09/01/2018 15:22:09 Michael Foreman] 09/01/18. Discussed in TM cardio gov. 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. 17/7/15 - Locums are being continued into August. 8/7/15 - Situation has deteriorated with two full time members of staff leaving who were on the on-call rota. 1 post has been filled | |
| 3488 | 03/08/2015 | 30/04/2018 | 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 18n performance review. NE and LK to ascertain evidence of incidents reported to justify the score of 20. For further discussion at Jan performance review. 12.10.17 - Risk assessed to reflect risk following risk summit at Royle Eye clinic. 07/10/18 - please can you discuss with the clinical team regarding a plan to address the issues identified LK 11.10.16 18/5/17 The proposed works to address this issue are now out to tender. the project is being managed for ULHT by Mark Bigger 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 at governance and escalation of risk. LK |

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| 3532 | 09/11/2015 | 09/03/2018 | 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: - SDD - FFT - Trust reputation - Business Unit overspend | 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 to work as junior middle grades Update 06/03/17 1 x CESR Doctor commences March 17 3 Agency Locums secured on 3 month booking to maintain some stability 1 x GP in ED recruited and due to commence June 17 | 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 recruited to accordingly. | Aug 2016 1. Action taken by the Trust to see assess Trust-wide picture. Following assessment decision taken to reduce the opening hours at G&H 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 end 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 LCR 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 | [12/02/2018 10:44:19 Gabrielle Hough] update from L Vickers - 5 overseas candidates now confirmed their wish to undertake a clinical attachment with a view to an offer of a CESR Post. Arrangements will now be made for attachment periods. Work continues with specialist recruitment team to fill vacancies. [02/01/2018 09:10:44 Gabrielle Hough] 29/12/17 - update from L 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. 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 SEHR 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 roles lie within the ED workforce. 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. 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. 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 appointed and started 04.08.17. Letter is going out to CD for orthopaedics to confirm funding for 2 full time posts for orthopaedic middle grades to cover 3pm to midnight ED shift. 2 agency ED consultants to convert to NHS consultant by end of September 2017. 2 agency middle grades are to interview for substantive ED middle grade posts - interviewing taking place September 2017. |
| 3538 | 13/11/2015 | 30/03/2018 | Grantham & District Hospital | Grantham Hospital | Orthodontics | Medical Device Risk >ESK (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. | Cosh 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 | | [23/02/2018 10:41:44 Steve Bailey] Final plans are in place to meet with suitable supplies of the replacement equipment we expect to be in a position to place an order before 31st March 2018 [06/02/2018 11:46:44 George Gaurd] SB called to give GG a verbal update - funding has been allocated for the equipment, meeting being held next week to finalise the equipment needed by all three sites. Once confirmed risk score can be adjusted. 4/1/18 SB and mh requested to review. [20/12/2017 09:12:45 Gabrielle Hough] updated from MDG 19/12/17 - £30k funding allocated - procurement process underway 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, David Platler from Radiology attended meeting, money secured, finding an appropriate system to use. Update at next meeting. Risk discussed at Gov, on 10/08/2017 update below. To be reviewed and discussed on 12/09/2017. Updated 04/08/2017 H Lisa Just to update you on the situation with the digital x-ray We are out to tender at the moment for three new digital a-ray machines and three digital processors. Thanks Allison Alison Cook Team Leader Dental Nurse STEVE BAILEY UPDATED 22/05/17 |
| 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 recommendations from Lord Carter of 2.5% against the Trust's position of 19% | 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 | 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 | 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 (CR) and backlog maintenance quantification Continued development of Estates Terrier Leases and Property Management (SLA's) JAC, One public estate and Trust clinical strategy relationship Retail and commercial review Overlay Trust Capital Plans into Estates Strategy | 16 | 20 | 6 | Hall, Mrs Claire | Farrah, Chris | [05/01/2018 10:45:58 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 to 3/24 [02/01/2018 12:43:39 Vicky Dunderdale] 02/01/18 Risk reviewed 22/8/17 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. |
| 3688 | 23/05/2016 | 05/09/2017 | Lincoln County Hospital | Corporate Services | Facilities | CQC compliance risk | EFM Patient Environment Core Risk - Failure to comply with the NHS Constitution and CQC regulations | 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 Inspectors. | Robust defect reporting system which prioritises critical issues within available resources. Introduction of cleanliness audit system that integrates with the Estates helpdesk. | CQC Action Plan to be developed to improve Environments following 2016 CQC Inspection. | 20 | 20 | 9 | Hayden, Mr Ian | Boocock, Paul | 05/09/17 Risk Reviewed by the EFM Patient Environmental Core Working Group | |
| 3752 | 02/08/2016 | 22/03/2018 | 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 advert/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 | 20 | 9 | Thomas-Thompson, Mr Jonathan | | [22/02/2018 14:20:45 Aidan Rushworth] 22.02.18 - Risk continues. We are working with Trust recruitment officer to recruit from abroad. Successfully offered clinical attachments and employed a substantive middle grade who previously worked on the medical bank. Further CVs have been sent through allowing for possible future employment too. 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 x6 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). Deaneys Jnr Gaps filled with NHS Bank contracts, so no further gaps on this (Aug) rotation. |
| 3762 | 24/08/2016 | 02/03/2018 | 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 H&S Improvement Order (PHB), Health Records Code of Practice and CQC Essential Standards, and additional stress for staff. | 1. Daily Space Utilisation Review following HSE Guidance 2. Health & Safety (Site and Trust committees) Escalation 3. Trust-wide Communication & Awareness raising | Despite 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. | Submission of space allocation request to Estates at PHB for additional pre-filing. E352k 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 | Dunderdale, Vicky | Lalloo, Yavenuscha | [08/02/2018 10:07:16 Vicky Dunderdale] 07/02/18 - Steve Cook advised that the room is in progress of being prepped for the racking. The racking is in procurement. [02/02/2018 11:07:53 Dianne Sharpe] 02/02/17 DS - Email from Chris Farrah received 26/1 The progress update is as follows: 1. Medical records racking is in procurement. 2. Modifications to the internal environment to form/improve the support accommodation are beginning with internal demolitions/strip outs. 3. Procurement activity is being undertaken to re provide the Children's service accommodation which will be lost by the re-appropriation of the space by medical records. 4. The capital spend of £352k is anticipated to be on track at this point in time and delivered by the 31 March 2018 with the final completion of these works anticipated as soon as possible latest April/ May 2018. [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 07/12/17 DS - 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. 07/12/17 DS. Currently there are only 20 boxes outstanding for collection across the site and this continues to be monitored on a daily basis with areas ringing or e-mailing to inform the team leaders on the number of boxes to be collected. 08/09/17 DS - client brief for proposed build (external to current secondary Library) sent to Steve Cook on 6/9. 03/08/17 DS - Accommodation issue to be escalated to Mark via Steve Cook who is providing the necessary info. |
| 3796 | 12/10/2016 | 30/04/2018 | Pilgrim Hospital, Boston | Pilgrim BU - Surgery | General Surgery | Clinical Risk | There is a risk of reduced shift levels for Registered Nurses on Ward 5A | 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. | 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 Bostonia Colorectal CNS now working one day per week on the ward to support the team. | 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. 21.06.17 Pilgrim site now linked to external recruiting agency Sterling Cross who are targeting specific nurses re working at PHB. 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. PMB. | 20 | 20 | 8 | Harwood, Mrs Kelly | Keddie, Linda | [22/02/2018 16:56:07 Linda Keddie] 22.02.18 The ward template has improved significantly as now have 2.8 registered nurse vacancy. This is mitigated by use of bank, agency and overtime. Matron reviews E roster regularly, supporting the ward with staff from other areas if required. Overall site position of staffing reviewed three times daily by Operational matron, overseen by HDN. LK [18/12/2017 11:23:02 Gabrielle Hough] 16/11/17 - Update KH Matron - Due to recruitment successfully we now have 2.98 WTE (have two staff on mat leave) to discuss with HON in regards to if this can now be removed from risk register or down graded will update when confirmation Risk reviewed 11.11.16 - 85 vacancy remains high at 8.4 WTE. HCSW vacancy is 3.1 LK. 23/01/2017 - Risk reviewed with LK - reduce risk score to 12. 16.02.16 Risk score 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 ways 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 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. 16.02.16 I have put a 3 month review date as it is unlikely this will have changed in the next few months. LK Risk remains the same due to current vacancy level. LK 10.04.17 21.06.17 Pilgrim site now linked to external recruiting agency Sterling Cross who are targeting specific nurses re working at PHB. LK 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 |

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| 3797 | 12/10/2016 | 30/04/2018 | 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 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 | 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 unfulfilled shifts remain unfulfilled due to a 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 | [22/02/2018 16:53:45 Linda Keddie] 22.02.28 - the ward continues to have a high vacancy at 8.5 Registered nurses. This is mitigated by use of bank, agency and overtime and robust leadership from the Band 7 Sister. Staffing is reviewed 3 times daily by the operational Matron, which the ward Matron contributes to after reviewing all areas daily. LK [18/12/2017 11:27:05 Gabrielle Hough] 16/11/17 - Update from KH Matron New recruit from overseas Have successfully had two HCSW obtain place on TNA course, 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 DDON 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 BS which is 21% of registered nurse establishment LK 23/01/2017 - Reviewed with LK - reduce risk score to 12 due to mitigations in place 16.02.16 When I reviewed with AQJ 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 CDC 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. LK 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 LK 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 9.17, 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.LK |
| 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 if 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 hot desk facilitator on 8th Dec to Rick Mather, Mark Newbert, William Gowing, Stuart Brown and Robert Drabble asking for them contact him or Charge Nurse Lees 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 Bleed 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. Request estates be contacted to place cable security locks on all windows of the unit to prevent entry, this would deter opportunist thieves whilst in day time use and an additional deterrent at lock down. 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 area are locked at the end of the day to keep equipment and stores as safe as possible 2. Security have increased walk rounds as capacity allows 3. No mitigation for Alarm not working | 8 | 20 | 3 | Scott, Julie | Dowson, Sandra | [25/01/2018 14:23:34 Nikki Woodcock] Reviewed 25/1/18 - Escalated to Ian Hayden as work has not been completed to secure the unit over the past year. [21/12/2017 15:38:51 Nikki Woodcock] 22/12/17 - Quotes have been checked continually but no action taken to date [14/12/2017 15:36:17 Julie Scott] Please note this has been discussed at Lincoln CG Meeting 14/12/2017 and the Risk Rating 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 3 days 10/3/17 - 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 MICAD 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 chax 2 - Awaiting Facility Quotes from some works to action 27/10/17 - Quotes chased again |
| 3867 | 23/03/2017 | 30/04/2018 | Pilgrim Hospital, Boston | Pilgrim BU - Surgery | Urology | Medical Device Risk >Esk (Capital) | GU endoscope stack | Endoscope stack (PCE 12518) containing the following: Storz Tricam SL11 PCE 12515 Storz D light C 20 1336 20 PCE 12390 Sony printer UP-21MD PCE 12514 Main screen Radiance PCE 10342. 1. above used on a routine basis for all urology lists and emergency cases. 2. Date of installation on monitor of 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 fits and emergency cases being cancelled if stack/camera head fail. This would include all cases including cancer cases and 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) Service regularly by Clinical Engineering. 3) Alternative stack is not suitable for urological endoscopic procedures. 4) No screen relates to risk 3878. Outcome of addressing that risk will define a way forward. Has urology reached a conclusion wrt 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, it lengthens the procedure time. b) clinical risk - it makes the procedure more difficult thus affecting the quality of care and surgical technique is affected. c) head available for urology that fits other endoscopic stacks in the department. 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) Possible answer is to purchase a camera head suitable for urology that fits other endoscopic stacks in the department. | 20 | 20 | 4 | Memon, Shaikat | Sugars, Paula | [22/02/2018 13:29:10 Linda Keddie] 22.02.18 A new STACK is being purchased LK/ SJ [20/12/2017 09:15:31 Gabrielle Hough] MDG Update 19/12/17 - reliability improved with Pilgrim Clinical Engineering intervention. Still unclear how PHB Urology is addressing the uretero-roscope challenge that affects the replacement of this stack - if PHB urology adopt the LCH urology approach then it should be possible to replace this stack with a trust standard unit. Care and surgical technique is affected. a) head available for urology that fits other endoscopic stacks in the department. 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. PHB has video ureterorenoscopes 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 Storz and ask for an up date quote for new camera head. 22/9/17 Email sent to Mr Memon and Mr Madhavan to explain situation re handler. |
| 3872 | 30/03/2017 | 31/03/2018 | 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 3 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 to 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 EMVIRS 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 1 Interventional radiologist), 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 rota 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 agency, 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 8/9/17 - 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 when approved and submitted formally). | 20 | 20 | 6 | Allen, Nigel | Rinaldi, Dr Ciro | [28/02/2018 13:12:33 Nigel Allen] Update 28/02/18 3) Reluctant Interventional Radiologists in post. 2 substantive and 1 12mth fixed-term locum. Current issue is vacancy of nursing posts. Band 5 nurse interviews 8 March. Band 7 nurse interviews to be arranged in March. Nursing is the current limiting factor in Interventional Radiology, hence risk score remaining high. [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 undergo competency assessment with substantive IR Consultants. If successful, will re-introduce CT Biopsy slots to Grantham. Current limiting factor is nuclear 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 Radiologist availability remains a challenge. Due to lose General IR Radiologist to NUH in October 17 to undertake his IR Fellowship. Plan to recruit an IR Radiologist Sept 17 to [08/02/2018 10:20:27 Gabrielle Hough] update from S Smirthwaite: This risk is still relevant as we are now up to the trajectory figure of 59. We have 7 weeks until the end of the financial year, so it is highly likely the trust will have further cases during this time period which are trust attributed. [08/02/2018 09:47:24 Gabrielle Hough] email to S Smirthwaite for update 10.10.17 - risk added at request of Jane Finch as the currently doesn't have access to Datix - risk it to be monitored on IPC Risk Register |
| 3944 | 10/10/2017 | 08/03/2018 | 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 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 | Smirthwaite, Sandra | | [08/02/2018 10:20:27 Gabrielle Hough] update from S Smirthwaite: This risk is still relevant as we are now up to the trajectory figure of 59. We have 7 weeks until the end of the financial year, so it is highly likely the trust will have further cases during this time period which are trust attributed. [08/02/2018 09:47:24 Gabrielle Hough] email to S Smirthwaite for update 10.10.17 - risk added at request of Jane Finch as the 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 surgeon 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 IR 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. | 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 |
| 3970 | 05/12/2017 | 22/03/2018 | Pilgrim Hospital, Boston | Pilgrim BU - Medicine | Acute Internal Medicine | Clinical Risk | Acute Medical Workforce Challenges, AMU and AEC Reconfig. | Description provided by Dr Zafeiris (AMU Consultant) The situation is becoming increasingly troublesome. Over the last few days we are relieved if there are less than 10 medical patients in ED waiting for beds and senior review. Today, we started the day with 19 medical patients in ED - that is on top of our 24-25 bed WR. I had to cancel my SPA time and start early reviews there, trying to keep a minimum of safety. I am unsure if this was succeeded. This is not something we can cope with and we need some immediate actions. Instead we are faced with a scenario of our Locum leaving on 15/12 due to financial pressures. Unfortunately under the circumstances I cannot guarantee the safety of patients in acute medicine and ask for your urgent attention and support. Previous Details: Our already stretched job plans and the AMU medical workforce provide for a WR in a 24 bedded area and then hot reviews of new admissions. What is happening instead, is WR in 25 bedded area (inclusive of Day Room) plus however many patients are waiting for beds in ED, then hot reviews of new admissions. The graph below shows these numbers. These extra numbers are not calculated in medical workforce provision. It is evident from the data that the number of patients in ED waiting for a medical bed is increasing. The increase takes place earlier than last year and in a steeper curve, meaning the winter will hit us hard. An average of extra 7 patients is now, or even worse 8-10 as is expected, is equal to an increase of 30-40% of our WR, not taking the increased acidity of presentations into consideration. It is not a sporadic phenomenon as you can see, as these numbers are average, rather than odd occasions. Currently they range from 4 to 12 extra patients each day. In acute medicine we have provided for these patients so far without any extra resources, but wear and tear is starting to show and I am concerned that this is not sustainable. My colleagues are raising concerns about patient safety and patient experience, never mind our life-work balance. | During time of increase pressure additional support from the ward teams is requested and allocated to cover Ground Floor Theatres (when it is opened as escalation), however this does not always come in form of Cons / MG & Jnr Drs which is what the ward have, so often there is a need to supplement this support with Ward staff. | As above, it is not always possible to provide the entire cover required to support escalation areas or ED, along with the restrictions on Agency spend and the need to reduce current high rates, means an increased lack of coverage and potential further risk to patient safety due to a lack of Dr's. | Substantive Recruitment and the implementation of a short stay ward / Emergency floor - Currently being undertaken but hampered by the recent fire works that needed to take precedent. | 12 | 20 | 6 | Jacob, Koshy | Coulson, Emma | [22/02/2018 14:39:45 Aidan Rushworth] AEC at present does not work as an AEC. It is being used as an escalation area instead. A proper AMU and AEC design is necessary to improve flow and prevent over-crowding in A&E. Ward reconfiguration is in process. [22/02/2018 14:31:45 Aidan Rushworth] Ward reconfiguration is in process. Plan is to have an emergency floor model similar to Western Sussex. Ownership of acute medical patients should be by acute physicians 8am - 9pm 7 days a week. This plan needs to be put into place so that we can prevent over-crowding in ED and double-up flow. Cost implications for current agency staffing whilst recruitment is progressing needs consideration with regards to this risk. |

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| 3982 | 04/01/2018 | 23/03/2018 | Grantham & District Hospital | Grantham | | Clinical Risk | ACU Nurse Staffing | Band 5 registered nurse vacancy 34% 25/01/18 - No update 03/02/18 - Band 5 vacancy remains unchanged. 0.8 wte due to commence Feb 24th 18. 23/02/18 - Band 5 vacancy will be 25% when D.8wte commences on Feb 24th. | 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. 23/02/2018 - Shifts have been escalated to Tier 4 agency when required. | Cohort recruitment has not met our recruitment need. Bank and Agency staff are expensive. 23/02/18 - One staff member from an alternative ward applied for a transfer but was told that the vacancy rate on ACU was not as such that the transfer could be accommodated. | Agency nurse usage. Bank nurse usage. 25/01/18 - Bespoke advert for Grantham is being compiled by Matron Ryder and is currently awaiting approval from D Bates. 03/02/18 - Bespoke advert been out, meeting has been arranged with DB for next week to discuss the vacancies as a whole across the site. Bank and agency spend will continue to be high for the foreseeable future. 23/02/2018 - No change | 20 | 20 | 4 | | Linger, Mrs Kerrie | | |
| 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 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 (PSCI). | 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 | Security Management Core Risk - There is a risk of 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, plan 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 | Bocock, Paul | |
| 4018 | 12/02/2018 | 09/03/2018 | Trust-wide | Corporate Services | | Clinical Risk | Deteriorating Patient Environment owing to current financial restrictions | Deteriorating Patient Environment owing to current financial restrictions in reactive Estates Works. Delayed works will impact on activity and expenditure in 2018/19. | Patient safety and equipment / plant maintenance is being prioritised. Works with items in stock to continue, everything else assessed on an individual basis. | Financial Restrictions with a targeted value of £150,000 worth of savings. | Review in April those jobs that haven't been completed and prioritise jobs following the review of the financial position. | 20 | 20 | 4 | | Hayden, Mr Ian | | |
| 4037 | 27/02/2018 | 27/03/2018 | Pilgrim Hospital, Boston | Pilgrim BU - Surgery | General Surgery | Clinical Risk | EQUIPMENT REPLACEMENT | No rolling plan to replace outdated equipment in Surgery or Theatres. | Ad-hoc purchase of equipment as essential items break. | No financial plan. | Ad-hoc requests for purchasing equipment. | 20 | 20 | 6 | | Keddie, Linda | | |
| 4044 | 07/03/2018 | 25/05/2018 | Trust-wide | Corporate Services | Trust Policy | Corporate Risk | GDPR implementation | The EU General Data Protection Regulation (GDPR) replaces the Data Protection Directive 95/46/EC and was designed to harmonize data privacy laws across Europe, to protect and empower all EU citizens data privacy and to reshape the way organizations across the region approach data privacy. | Will Update - Awaiting Info | Will Update - Awaiting Info | Will Update - Awaiting Info | 20 | 20 | 4 | | Tute, Mrs Maria | | |
| 1186 | 20/05/2008 | 31/03/2018 | Pilgrim Hospital, Boston | Clinical Support Services | Clinical Imaging | Medical Device Risk >E5K (Capital) | General X-ray room replacements with DR across Trust | Ageing general x-ray rooms ULH not replaced through DR business case. Boston 2x General x-ray rooms Apollo and Saturn SN GB117015_19 and SN GB117015_21 installed 2002 15 years old Louth 2x General X-ray rooms 1 & 2 SN 113037.05 (installed 2002) and SN S019177/9(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 deflect patients to other sites as BC plan. DR Project funding not known re 2017/18 financial year. Escalated to Julie Pipes and await response. | None Spontaneous breakdown | 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 deflect 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 | [28/02/2018 15:12:29 Nigel Allen] Update: pre-commitment to replace xray room at Spalding with DR in 2018/19. This leaves a requirement for replacement at Louth (with rationalisation), Boston x2, and Skegness [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 Xray 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-wideDR 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 proactively for all inpatient specialities. 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 | 05/03/2018 | 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. This has the impact on the ability of the service to provide quality and safety to the level that would be desirable at all times. Affecting staff morale and increase in stress. | 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 RAC 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 report (July 2014) | Unable to meet the RCN standards on many shifts. 8.6.17 DB - Deputy Director of Nursing currently facilitating an establishment review of nursing for the Director of Nursing, this paper will go to the Board in July 2017. Paediatric Nursing will be included. 13.11.2017 Monthly reports provided to HoN. Block agency continues to support children's ward 4A = risk remains high. | Actions in place to mitigate risks - see controls 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. Matron & 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 | 20 | 16 | 9 | | Lingard, Tracey | Flatman, Deborah | [20/02/2018 22:02:58 Deborah Flatman] January 2018 Staffing Report sent to HoN. Rainforest Ward, Lincoln County Current RN available to work = 17.52wte. Current vacancies = 8.22wte. Children's Ward 4A RNs available end January 2018 = 14.7wte. UNSAFE STAFFING LEVELS as only 2-3 Registered Nurses per shift. (without agency) 20.02.18: Email sent to Chief Operating Officer, DoN, HoS, GM, Acting Quality & Governance Lead by HoN to escalate concerns regarding Children's Ward 4A compliance against Daily Paediatric shift fill rates. Vacancy of 10.05 wte. Only 17.0wte RNs available to roster = 59% of est RNs (which includes a CCM from 26.02.2018) Proposal for reduction in beds to 12 with immediate effect due to safety & quality concerns for next 6 months. Nurse Ratio 1:4. which is the national staffing recommendations for a child of 2 and above. Further urgent risk summit requested by GM. 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 HON and then to DON. January 2016 - Risk Summit held with DON. |
| 3109 | 29/11/2013 | 09/03/2018 | 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. | Outlets identified if ward is full. NIV Space discussed 3 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 (06/11/15) 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 beds and equipment requirements to go into 17/18 capital programme. Continued discussion at bed meetings daily and if required other ward beds close to mitigate the acuity risks. | 10.5.17. Currently training plan rollout unknown. Damian Carter to update Datinx 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. Matron & 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 | 20 | 16 | 1 | | Carter, Mr Damian | Vickers, Lisa | [12/02/2018 10:45:05 Gabrielle Hough] Update from Vickers - Trustwide teleconference held to discuss interpretation of British Thoracic Society Guidelines (BTS). Discussed the number of NIV patients that can safely be managed on Carlton-Coleby Ward with full staffing numbers. Currently agreement is for a cap of 4 patients (based on BTS Guidelines). Also discussed escalation mechanism and process to be followed at an operational level when this cap is reached. Whilst these safety measures and clear operational plans are in place, this does not fully mitigate the risk as historic demand indicates that we can have 7 or more patients at one time requiring acute NIV. [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 Cleave, 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 though 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. |

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| 3162 | 18/02/2014 | 09/03/2018 | 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 subsidize the post with ULHT 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 risk is 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 MSCC patients. We are currently failing the complications of chemotherapy CQUIN due to lack of CNS cover at Lincoln. | Speciality 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, resignation received. AOS bcase 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 | Sanz Torres, Aurora A | Vickers, Lisa | 12/02/2018 10:45:53 Gabrielle Hough] update from Vickers - No change to previous update. Discussions ongoing within the Trust regarding the clinical space on Waddington Ward. 6 beds remain used as escalation beds but the plan would be to create a 6 chair area for AOS patients to be seen and treated. Until a decision can be made around de-escalating the 6 beds on Waddington Ward, it is not possible to progress this work further. The current trust site position does not support the de-escalation of this area. 13/02/2018 08:58:57 Gabrielle Hough] handler changed to clinical director as per email from L Vickers 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 they have 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 | 23/03/2018 | 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. 03/02/18 - No update, as financial position remains unchanged. 23/02/18 - D/W Estates and this door will be included in a capital programme for security in the near future. As such it will not be needed to be paid for from the ward budget. | 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 & 15 JB asked to review by 1 October and update risk register 15 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. G45 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 G45 for the quote. Nov 17: informed because of the Trust financial position the lock wont be fitted for some time. |
| 3498 | 28/08/2015 | 08/03/2018 | 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 | •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 Brosna/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 •PGD 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 | *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. | *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 CCG. 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 | 16 | 4 | Wolverson, Dr Adam | Hepburn, Dr Neill | 08/02/2018 10:47:51 Gabrielle Hough] update from L Rigby - Sepsis Boxes in all inpatient areas (excluding iv abo and iv fluids) •Sepsis e-Bundle in place for all adult and maternity inpatient areas, and A&E except LCH (this is being worked on present). Paeds are working towards going live -EMAS are now taking blood cultures and delivering ABX for red flag sepsis patients -monthly reviews of all missed sepsis screens sent to ward managers. Ward managers are to completed IRIs for these. Accountability letters are currently being reviewed with a plan to start implementing these where failure to screen patients occurs. 08/02/2018 09:38:52 Gabrielle Hough] email to L Rigby for update 20.11.17 - Update from K Foster (Sepsis Practitioner) Compliance with screening and IVABX within the hour continues to improve across the trust. All adult admission and inpatient areas now live with ecobx and ebundle, 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 eCobx/bundle under development. PGD 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. 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 paed sepsis ebundles. Harm reviews being undertaken. Matrons review compliance as part of their ward assurance. 6/07/2017 The action plan was reviewed and no updates required. 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 19/5/17 Reviewed at Sepsis Group on 5th May 2017. Further clarity required from Sepsis Lead (Adam Wolverson) around 08/02/2018 09:58:35 Gabrielle Hough] email to V Bagshaw for update 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 - DAG 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 |
| 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. The effect/impact is an increase in HAI and risk of regulatory sanction. | •Audits 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 | Bagshaw, Victoria | Rhodes, Michelle | 08/02/2018 09:58:35 Gabrielle Hough] email to V Bagshaw for update 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 - DAG 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 | 30/03/2018 | 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. 7/3/16 - 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 | 05/03/2018 | Lincoln County Hospital | Women and Childrens BU | Paediatric Medicine | Clinical Risk | There is a risk that ULHT cannot provide safe provision of level 1 paediatric high dependency care | This is caused by It could lead to the following this risk supercedes 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 submit due on 5 January 3. Identification of training needs through appraisal process. | 16 | 16 | 9 | Lingard, Tracey | Flatman, Deborah | 20/02/2018 22:12:58 Deborah Flatman] Risk remains high due to current staffing levels. Monthly staffing reports continue to be submitted to H&N. 20.02.2018 - Agreed proposal of reduction to beds on Children's Ward 4A due to quality & safety concerns. This risk is increased due to continued problems with maintaining safe staffing. 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 triamvirate 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 H&N each month. Staffing levels slowly improving on Rainforest ward but children's ward 4A supported by HDU and low staffing levels have affected training attendance. This risk remains high. |

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| 3565 | 29/12/2015 | 05/03/2018 | 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 | [20/02/2018 22:23:31 Deborah Flatman] Risk remains due to ongoing issues with maintaining staffing levels. Reduction in beds on Children's Ward 4A to 12 due to quality & safety concerns. Risk remains due to NQN, new adult nurses and inexperienced staff. 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 triamvirate - new Paediatric Transport team in place. Sr IL to attend a study day on 13.6.17 to find out details/logistics - risk to be updated by DF/IL 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. |
| 3631 | 18/04/2016 | 09/03/2018 | 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. - NW ward is equipped with monitoring facilities for up to 7 pts having NW (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 PSECC 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 | Clewe, David | [12/02/2018 10:46:39 Gabrielle Hough] Update from L Vickers - On-going agreement remains in place to flex up registered nurses from 3 to 4 overnight based on acuity. [02/01/2018 09:12:39 Gabrielle Hough] 29/12/17 - update from L Vickers - decision on staffing uplift still awaited [02/01/2018 09:12:26 Gabrielle Hough] 29/11/17 - update from L Vickers - decision on staffing uplift still awaited 12.11.17 - update from L Vickers - decision on staffing uplift still awaited 11.10.17 - discussed with L Vickers - despite similarities with 3109 there are different risks and both should be open. This risk has been recorded 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 | Trust-wide | Corporate Services | Facilities | Health and Safety | Water Safety Management Core Risk - Failure to deliver complaint hot / cold water services | 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) Chlorine Dioxide Injection water treatment. 7) The site risk assessments are required to be reviewed against the water schematics which are currently being developed. 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) Process to be approved by Estates Environment Committee. 2) IPC to be informed of non attendance at 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 Oakleaf). 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 Smithwaite | |
| 3720 | 10/06/2016 | 02/02/2018 | Lincoln County Hospital | Corporate Services | Estates | Health and Safety | Electrical Safety Core Risk - Failure to comply with statutory obligations / legislation caused by failure & lack of resilience | 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 Maintenance and reporting of compliance records | 16 | 16 | 5 | Graham, Mr Mark | Soroka, Mr Mike | [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 DSR which is associated with the Fire Safety Works | |
| 3721 | 10/06/2016 | 02/02/2018 | Lincoln County Hospital | Corporate Services | Estates | Corporate Risk | Mechanical Infrastructure Core Risk - There is a risk of failure and non-coinciding 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 Manage programme core data risk and mechanical infrastructure risk register Promote planning and responding to issues in respect of mechanical infrastructure Awareness of roles and responsibilities Monitor 3rd party Populate NHS PAM / MICAD Compliance Evidence | 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 Manage programme core data risk and mechanical infrastructure risk register Promote planning and responding to issues in respect of mechanical infrastructure 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 Core Risk - Failure to deliver required levels of energy performance in accordance with climate | 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) 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 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 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 | 12/03/2018 | 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 LPFT 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 Lack of compliance with National Restraint guidance restraint paper Criminal proceedings against Trust/ individual board members for Manslaughter through Gross negligence | see risk assessment need for policy and agreement on how issues will be managed within ULFT Jenny Negus appointed as strategic lead meetings set up with LPFT | 16 | 16 | 9 | Negus, Jennie | | [12/02/2018 11:04:52 Gabrielle Hough] update from J Negus - business case for training approved and waiting decision by Charitable Funds. Training provider sourced and ready to commence once funding is secured. Full training programme mapped to enable response team to be trained first and 'hot spot' areas to follow [08/02/2018 10:42:02 Gabrielle Hough] email to J Negus for update 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 03/11/16 - 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 |
| 3763 | 24/06/2016 | 06/01/2018 | 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 this could cause increased risk of financial penalties/mitigation and/or imposed Improvement Order for non-compliance in accordance with Health Records Code of Practice and CQC essential standards for the management and access to health records. 1. Escalation to Clinical Records Committee resulted in development of the Clinical Records Taskforce to support the development of a HR/ABC/OPD Business to uplift resource requirement 2. Capacity & Demand review - completed 3. Trust-wide Communication & Awareness raising | 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 implementation 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 | [02/02/2018 11:19:40 Dianne Sharpe] 02/02/17 DS Casenote Availability for December = 98% with 4% of the notes provided being Temporary notes. [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 OIC (27/11/17) 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 | |

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|------|------------|------------|--------------------------|---------------------------|---|------------------------------------|--|---|---|--|---|----|----|----|--------------------|--------------------|---|
| 3787 | 29/09/2016 | 30/04/2018 | 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. PCE09792 - 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 | | [22/02/2018 17:04:55 Linda Keddie] please see latest update from DH re the level of risk estimated. Please review [DM AND MG] asap. UK 22.02.18 [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. YL 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. |
| 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 | •Baking 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 •Sepsis Nurse in place for LCH and Pilgrim | see risk assessment | see risk assessment | 16 | 16 | 4 | Bagshaw, Victoria | | Review 2/8/17: Risk remains - Clinical engineering and medical staff are monitoring Laser performance. 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 | 30/04/2018 | 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 | temporary 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 | 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 | [22/02/2018 13:35:39 Linda Keddie] 22.02.18 advise from SC in facilities that we are on track to complete this by the end of March UK /SJ 23.08.27 e mail sent to CF and KB to update register and to discuss at governance meeting LK |
| 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 NPFA 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 (cytotoxic 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. | 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 | |
| 3973 | 15/12/2017 | 22/03/2018 | Pilgrim Hospital, Boston | Pilgrim BU - Medicine | Respiratory Medicine | Clinical Risk | NIV Service | Equipment - Ward 7b has 4 NIV machines on the ward, two of which are approx. over 15 years old. These machines are Nippy 3 and under service by medical electronics. Staffing - Availability of trained and competent NIV nurses is an issue. If we increase service to 4 NIV beds we should have, according to BTS guidance, 1 nurse to 2 patients in the first 24hrs of NIV therapy. Current ward establishment cannot accommodate this on each shift. Ring-fencing - Operational site pressures lead to ring-fenced protected bed capacity being used to meet demand of the site which results in a lack of immediate access to the NIV beds. NIV patients has been discussed in Pilgrim Improvement Board. Pilgrim does not have a level 1 HDU which can accommodate unwell patients requiring level 1 care. This is part of the Ward Reconfiguration Plan. Level 1 medical HDU will mitigate the NIV issue. | Equipment - 1 additional machine available in clinical engineering. Staffing - Agreement with Director of Nursing that when we go above 2 NIV patients we can go out for agency NIV staff. If NIV trained staff unavailable with the operations team we will look to reduce bed numbers on 7b. Ring-fencing - ED staff should escalate straight away if NIV bed is required. Operation team have 1 hour to create NIV space on 7b. (Please see attached NIV policy) | Staffing - Ability to obtain staff via agencies. Ring-fencing - operational bed pressures. | See attached SOP. See attached NIV working group | 20 | 16 | 8 | Dejonge, Simon | Dejonge, Simon | [22/02/2018 13:57:20 Aidan Rushworth] 22.02.18 - Current situation means we have 4 machines available on the ward with a 5th available as a back-up, instead of just 2. NIV working group are looking to procurement to purchase new NIV machines and a new drafted NIV pathway has been developed (see attached). Risk updated to include the overall NIV service (encompassing staffing and ring-fencing) |
| 298 | 25/02/2012 | 30/04/2018 | 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 | [22/02/2018 13:33:54 Linda Keddie] 22.02.18 LK met with DC and KL 21.02.18 - this problem is not isolated to ULHT and is being picked up by the MTCCN who are doing a project into this issue. Delayed discharges from ICU may be a CQUIN from April 2018 LK [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 ICU. 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, HON 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 & HON 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 ULH 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/fused by IPM. This funding is no longer available. Currently patients and casenotes are identified by their unique casenote 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 volunising of notes. | IPB have approved 13 wfs for 1 year to repair, volunise 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 | [02/02/2018 11:39:16 Dianne Sharpe] 02/02/18 DS - Merge teams still in place and they merged/rep/repair/volunised 2349 notes in Dec (151 under target) and 2891 in Jan (139 over target). To date they have completed 15819 sets of notes which is 134 over target. [12/12/2017 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/rep/repair/volunised 685 sets of notes. 03/08/17 DS - During July the Merge Team merged/rep/repair/volunised 1175 sets of notes. 08/09/17 DS - During Aug the Merge teams merged/rep/repair/volunised 1469 sets of notes (31 short of the months target but a lot of large notes (including ones in boxes) were volunised) 07/12/17 DS - Merge teams are still in place @ LC & PH sites and continue to make good progress, they have merged/rep/repair/volunised 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/rep/repair/volunised 685 sets of notes. 5.5.17 - George Gaunt to train the outpatient leads team to use and upload documents on Datix 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 mitigate 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 PHB 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. Currently the chance of another leak is still high. 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 >ESK (Capital) | 4 x Orthopantomograms Replacement | Joint risk for 6 OPTs @ 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. Ageing 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 GDH 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 OPTs in October 2017 Update 131017 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 x-rays 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 change to above re Spalding and Boston |

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| 1825 | 07/10/2009 | 02/02/2018 | Lincoln County Hospital | Clinical Support Services | Nuclear Medicine | Clinical Risk | There is a risk that 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 cessation of all radiopharmaceutical production on the Lincoln site (Boston closed). Full upgrade costs were done (£300k), but work was not funded. | 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 cessation of all radiopharmaceutical production on the Lincoln site (Boston closed). Full upgrade costs were done (£300k), but work was not funded. | 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. | 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 been replaced in most units by new systems. | WRT to equipment this is out of our control (apart from careful use of all equipment to prevent accidental damage). | 16 | 15 | 2 | White, Laura | White, Laura | [02/02/2018 14:37:49 Laura White] LLW 2/2/2018 Tender for the enabling work has gone out. Meeting with facilities about the project. [12/12/2017 17:40:06 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 with a 3 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-technique 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 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 Anqi 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. LLW-5/9/2017. No change since the last update. There has been 1 meeting of the main stakeholders since August and Estates will be the project lead. We are still awaiting confirmation that the money has been released to start enabling works. Next date for review: 29/9/2017. |
| 2045 | 07/05/2010 | 08/03/2018 | Trust-wide | 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 SLA requirement target Patient handover to GPs and primary care services may be delayed impacting on the quality of care provided Medication inaccuracies on discharge | 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 6 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. GPs 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 | Heppburn, Dr Neill | [08/02/2018 14:02:43 Bernadine Gallen] 08.02.2018 - GQC have approved process for automatically sending eDDs once completed by the doctor. This process will not rely on nurses clicking the button to send eDD to the GP which will improve our compliance. We have the functionality to develop an eDD. The applications development team are presenting a draft at the eDD meeting on the 6th March 2018. Applications development team are planning to develop a 'self discharge' template. [08/02/2018 11:04:53 Gabrielle Hough] email to B Gallen for update 20.11.17 - update from B Gallen - deceased template has now gone live. Presenting a paper to GQC 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 GQC 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 Neill. 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 >€K (Capital) | Rolling replacement programme. March 2017: LCE21505, LCE21506, LCE25414, 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 | Weighbridge now removed due to condition and no replacement is imminent (31 Jul 13) | Most wards now have access to the Maximove hoist (Jajuhuntteigh) 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. Patients over 227kg are unable to be weighed. Bed bound patients are required to be hoisted to not 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 | | Cryan, Rachelle | Dejone, Simon | 11.08.17 JTT - 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 | 31/01/2018 | Lincoln County Hospital | Clinical Support Services | Clinical Engineering | Medical Device Risk <€K (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. | 0 | 0 | 2 | Hacking, Chris | Hague, Tom | 04.09.17 - email from C Hacking to confirm risk remains and no current updates A Smith validated 10.5.17. Updated to be provided after next MDG 21.6.17 from Clinical Engineering. | | |
| 2747 | 12/11/2012 | 30/05/2018 | Pilgrim Hospital, Boston | Pilgrim BU - Surgery | Ophthalmology | Clinical Risk | Surgical Procedures room Dermatology/Ophthalmology | Inadequate ventilation/ temperature control - too hot, particularly during summer months Does not meet Royal college of Ophthalmology guidelines for intravitreal injections - needs non-particulate ceiling, proper curbs sink. Risk to patient: Fainting / extreme heat due to ambient room temperature, plus the need to use operating light, which generates more heat, plus using surgical drapes during procedures which increases patient temperature. (1x episode of frail patient becoming faint due to heat whilst undergoing procedure - unfortunately, not documented). Infection risk due to possibility of surgeon sweat falling into surgical site. Staff risks: Fainting, dehydration, swollen feet, heat rash, excessive sweating, poor concentration, increased tiredness & irritability. Poor environment for drug storage (ambient temp higher than recommended by manufacturer) overheating of medical equipment, environment affected by unacceptable body odour. No opening windows, skylights above operating table, fan cannot be used to to infection risks. Room not big enough to hold more than 3 people. | Drinking water provided in jug in waiting area. Minimum number of people possible in room. Overhead ceiling light use kept to minimum to try to reduce ambient temperature. Temperature being recorded daily. | 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, Yavenuscha | [22/02/2018 17:39:06 Linda Keddie] DM please update the risk register and mitigation LK 4/1/18 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 oculo-plastic surgery, infection risks remain the same. Update: 26/5/17: Risk reviewed and amended. Risk remains, further mitigating steps to be attempted and re-evaluate 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 CEPD cover Increased use of agency staff Reviewed 30/1/15 Ongoing Risk | ULHT policy for the Management of Work Related Stress Focus groups HR policies Management support to manage demand through 642 process Demand & Capacity Lists at Weekends Use of bank & Agency staff to meet demands | 0 | 0 | 4 | Clark, Mrs Bridy | Clark, Mrs Bridy | | | |
| 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. | Monthly performance meetings. | 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 | [08/02/2018 11:15:21 Gabrielle Hough] email to N Morton for update & ?reducing scoring [06/12/2017 15:07:57 Gabrielle Hough] 06.12.17 - update from N Morton - please see email attached - whether risk score can be reduced 13.10.17 - risk updated via email by N Morton |
| 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 | 13/03/2018 | Lincoln County Hospital | Surgical BU - Lincoln/ Louth | General Surgery | Health and Safety | Housekeeping establishment in ward clinical areas at LCH | Current auditrac 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 standards. 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. Auditrac 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. ULHT Bank has a capacity to provide additional staff but this is dependent 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 of the ward and this will affect the Friends and Family score which is monitored and reported nationally. 4. There is potential for an increase in complaints to PALS or | 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 | Email 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 | 15/03/2018 | 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 underway 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 - U REMians the same present Discussed at Gov on 14/12/2017 - no change - L 01/08/2017 Kevin Cottee [NHS PS] has requested further drawings to assess cost of project. Await his feedback. Regular item on H&S action Log - reviewed monthly |

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|------|------------|------------|------------------------------|----------------------------------|---|------------------------------------|---|---|---|--|---|----|----|---|------------------|------------------|---|
| 3223 | 07/05/2014 | 25/10/2017 | Lincoln County Hospital | Clinical Support Services | Clinical Engineering | Medical Device Risk <ESK (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 | 12/05/2018 | 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. CCG 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 | 05/02/2018 17:00:49 Mandy Charles] No change. Continuing with in-house paed skills 12/12/2017 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 5/8/16 - 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 3/11/16 ULHT 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 GDM 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 | 27/03/2018 | Lincoln County Hospital | Surgical BU - Lincoln/ Louth | Anaesthetics | Medical Device Risk >ESK (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 of 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. 10.05.17 - 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 | 08/03/2018 | 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 Kandee 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 | 09/03/2018 | 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. Update 22/12/17 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 appts. 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. NUH have given notice to their visiting consultant support to | 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 2 Zwaardurgents 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 | 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 2 Zwaardurgents from 01/12/16 and will remain closed until 31/08/17 following board approval. 6. 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Discussion to be held with the CCG in February 2018 regarding agreement on a date for the service re-opening and a planned move to electronic referrals. Advice and Guidance Service will also be offered by ULHT Consultants. Potential service re-opening March 2018. 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 get 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 waiting for new appts has reduced from 301 to 84 - but there remains a risk around follow ups. To have joint meetings between NHSE and CCG to push for additional community support for neurology. Also, headache pathway now agreed with GPs and will be in place from Sep 2017 which should impact on new referrals. |
| 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 older 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 | 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 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. | Currently No Gaps | Coaco have 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 a 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 planned 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 |

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| 3561 | 23/12/2015 | 27/03/2018 | 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 is 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 Greely 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. | There does not appear to be a robust 24 maintenance contract in place. The machines do not appear to be very resilient and continue to be frequently out of use. | I am attending a Meeting at NLAG on 20th February 2018 to discuss the possible contract renewal and maintenance arrangements. | 15 | 15 | 4 | Sloan, 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 | 30/04/2018 | 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 resally 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 | [22/02/2018 17:29:48 Linda Keddie] 22.02.18 a plan for SAU is being led by Julie Pipes who is leading the surgical review programme. LK 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. LK |
| 3581 | 15/02/2016 | 06/01/2018 | 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 250 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. Unit 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 implementation aims are articulated and were approved by the CCG. Report on the AIS to be taken to the ET by July 2017. This | 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: Interim measures to bypass the IT and systems problems 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 Mitigating actions above are still in progress. However, the current position and lack of full compliance requires urgent escalation to ET by July 2017. AIS risk due to non-compliance to be placed on the Equality Forum Standard Agenda. |
| 3630 | 18/04/2016 | 30/04/2018 | 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 | 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 (Ecob) 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 | RTY | Harwood, Mrs Kelly | [22/02/2018 17:28:25 Linda Keddie] 22.01.18 following a site meeting the plan to commence the call bell site works on 26.02.18 has been delayed until 05.03.18 due to contracting delay. LK [18/02/2018 15:24:01 Linda Keddie] 18.02.18 A meeting was held with NE, facilities, UK and JH, to discuss progress of the call bell plan. Due to continued site and operational pressures, closing of 4 beds to enable this work to progress has not happened. Funding still in place for this and plan is now to start the works on 26 February 2018. JH to facilitate plan for this to commence on the agreed date. LK [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 CQC 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 site 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 | 30/04/2018 | 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, profile 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 a option appraisal on how best to proceed. Nursing staff will escalate on any occasion when a trailing socket cannot be provided. | 15 | 15 | 5 | Ailbones, Joanne | Harwood, Mrs Kelly | [22/02/2018 17:27:29 Linda Keddie] 22.02.18 following site meeting the plan to commence the site call bell plan has been extended from 26.02.18 to 05.03.18 due to contracting delay. LK [18/02/2018 15:25:30 Linda Keddie] 18.02.18 A meeting was held with NE, facilities, UK and JH, to discuss progress of the call bell plan (which includes new sockets). Due to continued site and operational pressures, closing of 4 beds to enable this work to progress has not happened. Funding still in place for this and plan is now to start the works on 26 February 2018. JH to facilitate plan for this to commence on the agreed date. LK The issue has been discussed with Paul Boocock 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 27.08.17 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 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. |
| 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 (JC, 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 | A project manager has been appointed (July 18 - March 18) to re-write the business case as the scanning option was far too expensive an option. | 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 | 30/03/2018 | Pilgrim Hospital, Boston | Pilgrim BU - Surgery | Breast Surgery | Clinical Risk | Failure to be able to provide Breast 2ww 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 | Extra clinics have been set on. A plan is in place for Radiology to change a job plan to enable us to provide extra slots and this should then increase slots by 31 per week (27 at LCH and 4 at PHB) from August 2017. The increased capacity should enable us to book patients well within the 14 day date. | 12 | 15 | 20 | Vernon, Ali | PHO | [23/02/2018 08:39:54 Ali Vernon] Current demand has outstripped available capacity. Booking at 15 days pan-trust. Constraints in staffing extra clinics. Emergency meeting held 19/2/18 to address issues. Nursing assistance requested in order to staff additional clinics. [22/02/2018 17:42:28 Linda Keddie] e mail sent to general manager to review LK 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 pan-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 x 10 per week. |

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| 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 2.81wte 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 E 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 List. 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. | 20 | 15 | 6 | Early, 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 - £4k - £500k 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 to site. 3. Lack of confirmed program and timeline from Estates to complete 1st phase of work and concerns around potential loss of funding. | 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 reframed - 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 | 28/02/2018 | Lincoln County Hospital | Clinical Support Services | Choice, Access and Booking | Clinical Risk | PBIWL (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. | 15 | 15 | 12 | Sentance, Tracey | Ellis, Neil | [02/02/2018 11:31:12 Neil Ellis] On 1st Feb 2018 there were 5546 patients overdue a follow-up by 6 weeks or more. In January harm reviews for time critical overdue follow-ups commenced in clinic |
| 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 to delayed care and treatment. Trust requires to be fully compliant with electronic booking system with a target set by NHS June 2018. | 1. Review and reduction of access rights to Open Referrals worklist REQUIRED. 2. Clinical Risk stratification 3. Capacity & Demand review 4. Backlog recovery | | 0 | 15 | 15 | 6 | Sentance, Tracey | Ellis, Neil | |
| 3774 | 05/09/2016 | 22/03/2018 | 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 | | [22/02/2018 14:17:20 Aidan Rushworth] 22.02.18 - Work is continuing in A&E to utilise the space available. Action plan for A&E to be updated when available. We are working on plans to use emergency care differently we are actively recruiting and looking at 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 | 31/03/2018 | Pilgrim Hospital, Boston | Clinical Support Services | Physiotherapy | Clinical Risk | Difficulty staffing Established funded Posts in Physiotherapy in Pilgrim We are experiencing difficulties in maintaining B6 staffing levels. We have better retention at B5 and B7 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 B5'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 'Whatapps' for B5 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 March 18 Actively recruited agency staff but need two B6 vacancies to cover costs of one locum B6 - reviewed monthly Agency/bank staff - unpredictability with their availability and length of stay Responded to ideas from B5 staff in March 17 and Oct 17, regarding creative working on elderly wards and outpatients. Action - Team Leaders are to support B5 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 | 15 | 15 | 9 | Raval, Yogini | Bradley, Lesley | Which disciplines are affected - Physiotherapy, however lack of staff can impact on inpatient discharge rates. It can also affect staff sickness rates. |
| 3794 | 10/10/2016 | 09/03/2018 | 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/stretcher patients, chemotherapy suite overcrowded and lacking dignity | Alternative clinic space trying to be sourced for some clinic 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 HMG. 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 1. x Endoscopist to retake exam in 6 months Expression of interest gone out to Endoscopists for a screening role 2. Capacity & Demand study commenced | 15 | 15 | 4 | Sanz Torres, Aurora A | Chantry, Chris | [12/02/2018 10:38:43 Gabrielle Hough] update from L Vickers - Delays in being able to obtain costings and indicative plans from the Estates Team escalated at Performance Review Meeting with Executives in December 2017. Escalated by Karen Brown, Director of Finance to Paul Boocock, Director of Estates. Chris Farrah, Associate Director of Estates has made contact to confirm his team will pick this piece of work up again. Continue to chase for a draft set of plans and costings to enable a business case to be developed exploring the range of options identified by the clinical teams. [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 CC 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. |
| 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 scoped within the 2ww 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. Convert 1 list a week from Diagnostic to BCSP taken from Dr Spenser and Dr Mandal'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 TDE 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 7/12/16 Extra sessions are currently being covered in January and February | 1. Lack of screening Endoscopists 2. Lack of capacity | 15 | 15 | 6 | Dowson, 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 10:33:23 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 when 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 23/12/17 10/3/17 - 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 4 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 SD - Framework PIN 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 created. 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 | |

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| 3828 | 13/12/2016 | 03/04/2018 | 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 | [05/03/2018 11:23:43 Georgina Grace] 05/03/18: The plan is still to move within May 2018 and as far as we are aware the plan was also to complete the tender process asap. RM is leading on that. After the JS walk round the new accommodation, we asked that revised plans be sent to consider making some minor adjustments to make the Admin Room bigger. Still awaiting these plans to be sent for review. [29/01/2018 14:29:26 Georgina Grace] 29/01/18: IS 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 has been drawn up and it is presently being costed. 8/11/17 - 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. | |
| 3865 | 22/03/2017 | 12/05/2018 | Grantham & District Hospital | Grantham Hospital | 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 | [05/02/2018 17:02:05 Mandy Charles] waiting for quote to be signed off [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 | 30/05/2018 | 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 six and 7s | Supervisory time for sixes and sevens forfeited to ensure clinical cover Robot 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 Safely 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 | Allbones, Joanne | Harwood, Mrs Kelly | [22/02/2018 17:16:50 Linda Keddie] The ward currently has 5.69 registered nurse and 2.32 HCSW vacancies. cohort recruitment not successful for PHB and escalated to DON which has approved a site specific advert to go out for PHB which DCN DB is leading on. Staffing reviewed three times daily by Matron for the area, operational matron and NQN oversees daily. LE [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. Updates 26/06/17 Situation remains unchanged joint advert for third floor to be placed to attract staff. sister remains predominantly in numbers Band sixes also in numbers. staff working extra. Booking staff in advance and ensuring the shifts are out in advance |
| 3893 | 01/06/2017 | 22/03/2018 | Pilgrim Hospital, Boston | Pilgrim BU - Medicine | Endocrinology/Diabetics | 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 56.96% 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, dieticians is also in the support block but on another floor, junior doctors are mostly based on 8a, consultants are on M3 in a separate office, eye screening is held in the main hospital etc. | 0 | 0 | 15 | 15 | 6 | Jacob, Koshy | [22/02/2018 14:06:46 Aidan Rushworth] 22.02.18 - JTT working with Estates to find a resolution. This work is on going. Lectester report to be attached when available. 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 ECP identified area as unsuitable, awaiting formal report. | |
| 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) curative surgery is not being undertaken at a single named designated hospital. Major resectional head and neck cancer surgery is being 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 it 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. 1) There is not a robust diagnostic pathway in place. There is a lack of radiology cover at Lincoln and images are reported by non-specialists 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. 2) 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, 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. 3) 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. 4) Following a patient case 20-2-18 There is a shortage of nurses and radiographers in the trust that are trained to work in the Interventional Radiology suite (IR) on Lincoln site and the Lincolnshire Heart Centre (Cardiac Catheter Laboratories). We are currently 50% vacancy rate for nursing staff in IR but 70% for Boston specifically and 2 WTE radiographer vacancies. | Please see attached action plan Arrangements now in place for all complex head and neck cancer surgery to be undertaken at NQH 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 | Please see attached action plan | 20 | 15 | 6 | McRae, Andy | Cleveland, Mr Neil | The staffing establishment is 8.4 WTE to staff IR and cath labs and also to provide 24/7 primary angioplasty on call service. The IWTE is going on maternity leave beginning of Aug but has already come off the primary angioplasty because of the stress and physical nature of the on call rota. We are in the process of recruiting 2.4WTE. No UK/EU candidates applied in this round of advertisements. We have attempted to fill these posts since March 2017 1 WTE is undergoing surgery so will not be able to take part in the on call rota This leaves 3.8 WTE to run three labs allow leave etc. If any of my staff report sick there may not be enough staff to run all of the labs. To continue to provide the 24/7 on call rota my staff have been rota'd 3 on calls a week, this is not sustainable in the medium to long term as this additional stress is bound to affect the wellbeing and health of my staff |
| 3915 | 06/07/2017 | 31/03/2018 | Lincoln County Hospital | Clinical Support Services | Clinical Imaging | Clinical Risk | Delivery of Interventional Radiology and Cardiac Service LCH | Locum agencies have been sort to provide a trained staff member to support existing staff rota and on call rota Being as flexible with existing staff as possible to allow rest Locum nurses available off cap but cannot use. | There has been great difficulty booking suitably trained locum staff. Locum staff only need to give a very short period of notice so planning rota is very difficult as you can not assume the locum will still be employed by the trust in the medium term. Training of these locums may be required before competencies can be completed and signed off The rota will be dependent on locum staff which may not continue to be available in the future. | Continue to engage with locum agencies to provide suitable locum staff with the correct skill set NA Update 110717: Locum Cath Lab radiographer started on Monday 10 July. This post is until 31/07/17, but we have another locum to start on 01/08/17. Attempting to source a second locum to start with immediate effect. 9 agencies contacted to date. NA Update 040817: Locum had to undertake a night on-call on Tues 1 August. No other staff to cover given vacancies, and illness. Continue to liaise with agencies. Permanent recruitment advert yielded 2 candidates. One has withdrawn, and the other yet to confirm attending interview. | 15 | 15 | 6 | Allen, Nigel | Shelton, Helen | [26/02/2018 13:33:52 Nigel Allen] update 280218 re Interventional Nursing staff Boston and Lincoln. Band 5 interviews 8 March. Band 7 interviews in March date tbc. RAD for agency use submitted 270218. 3 potential agency scrub nurses sourced, waiting for RAD approval. Support from vascular scrub nurses in theatre as available. Review 31 March 2018 Update 040917: Locum left end of August. Locum replaced. Interview to be held but suitable candidate withdrew. Advertise again. Attempting to source through Overseas Recruitment initiative. Update 061017: Interview held with overseas candidate. Appointable. Waiting for RAD to be approved by VCP, hopefully on Monday 09/10/17 whereupon appointment can be confirmed by HR Successful overseas recruitment initiative which is starting to have an impact upon the department. All appointees are in place or in the process of arranging start-date / induction etc. The risk has been reduced to 12 on that basis. Need to conclude the recruitment initiative, and once appointees all in place and operational, it will make a difference to the staff numbers and therefore delivery of service. | |
| 3916 | 13/07/2017 | 30/05/2018 | Pilgrim Hospital, Boston | Pilgrim BU - Surgery | Ophthalmology | Clinical Risk | Intravitreal injection room | This leaves a total of 4.8 WTE available to staff the rota 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 adverse incidents on IR1 | 15 | 15 | 6 | Clark, Carmen | [23/02/2018 11:25:20 Carmen Clark] Room is now in use, however there are issues regarding the explair fan that has been installed including the ability to turn the fan on / off. Currently is turned off as the remote control for the fan was not provided when handed back to department. Concerns remain regarding poor ventilation / temperature control as this is no different to the position prior to the explant building work- risk remains unchanged [02/01/2018 12:26:30 Carmen Clark] update 27/1/18: 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 explair 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 | |
| 3922 | 22/07/2017 | 12/05/2018 | Grantham & District Hospital | Grantham Hospital | 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 | [05/02/2018 17:04:51 Mandy Charles] awaiting funding for air conditioning [12/12/2017 11:55:25 Mandy Charles] Not an issue during the winter. Now have prices for air conditioning but in view of ULHT financial status have asked for new price on 2 priority areas - reception/waiting room and the doctors office. | |
| 3930 | 25/08/2017 | 15/03/2018 | 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 substantially, so this will allow some of the risk attributed to the accrual of new patients, as the nurse led clinics can take swaths of Fups out | T&C | T&C | 15 | 15 | 15 | Saravanamutti, Dr Kandepan | Vickers, Lisa | [12/02/2018 10:48:44 Gabrielle Hough] Update from L Vickers - Business Case remains in discussion between the Commissioners and the Trust with the outcome still awaited. [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 | 12/05/2018 | Grantham & District Hospital | Grantham Hospital | Accident and Emergency | Health and Safety | Leaking roof | Linen cupboard roof leaks. The room is small and had an electric light in the ceiling. The linen cupboard in ARE 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 shit 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 | [05/02/2018 17:05:45 Mandy Charles] as for 12/12. [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 | |

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| 3940 | 28/09/2017 | 20/06/2018 | 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 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.) The Trust has in place ergo coaches established from a 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 5 years we have been implementing this system of training. The Trust through the Allied Health Professionals (Anita Cooper-Clinical Lead - Therapies and Rehabilitation) have in place a strategy of training which is based on a lead trainer who will have attended an ISOH accredited 5 day Train the Trainer Course. Their role will be to deliver training and | 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 | The Manual Handling Task and Finish Group have recommended the following: 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 Deliver inanimate load handling Option 1 - Health & Safety Team using existing resources to provide a programme of training covering the academic year. Session would be delivered over a 3 hour period and cover inanimate load theory and practice. Supported alternate years by an In- House E-Learning module programme and self-test. Option 2- Clinical Training Department to deliver the programme as indicated in Option 1 | 15 | 15 | 6 | Fitzmaurice, Philippa | [27/02/2018 07:11:37 Philippa Fitzmaurice] 27/2/18 Review update following meeting held on the 23 February 2018 for the Manual Handling Task and Finish Group (see attached documents - meeting notes) has been agreed that all actions have been completed and the Business case with costs completed by Finance department will now go to the Capital Investment Board for consideration. [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 | 21/03/2018 | Pilgrim Hospital, Boston | Pilgrim BU - Medicine | Elderly Care | CQC 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 the right assessment before discharge. There were already some cases with patients that didn't have the medical input that was needed i.e. 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 | [19/02/2018 17:57:06 Sofia Zubiaga-Lopez] At the moment we have a Frailty pilot at the front door with a Nurse and Consultant input in the afternoon reviewing patients. It is a Pilot if this service is confirmed later we can take it away from the Risk Register. [06/02/2018 16:21:40 Sofia Zubiaga-Lopez] At the moment there is a pilot running with frailty services at the front door. | |
| 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 2000000 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 | Lalloo, Yavenscha | [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 | 22/03/2018 | Pilgrim Hospital, Boston | Pilgrim BU - Medicine | Elderly Care | Clinical Risk | Staffing Issue | A Registered Nurse Vacancy of 11.74(updated 02/03/2018) | 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, Rachele | [22/02/2018 14:12:51 Aidan Rushworth] 22.02.18 - Trial of increased HCSW's is on-going. Advert out for registered mental health nurses. Dementia practitioners are now in post. Site based recruitment event to take place. Delay review by Matron and Head of Nursing to ensure ward safely staffed. |
| 3965 | 22/11/2017 | 23/03/2018 | 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 B3. | Dietitian is providing limited service to ward. | Additional beds are now in place but no dietetic assistant provision. | This post is now out to advert. | 15 | 15 | 1 | Green, Katherine | | |
| 3966 | 22/11/2017 | 23/03/2018 | 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 case 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 | 06/03/2018 | 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, 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. | Out of county referral may not always possible. | Clinicians try to wean children off medication before child turns 18 years, wherever possible. If the child still requires 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 from Community Paediatrics and requested to take over their ADHD management. | 15 | 15 | 1 | Johnson, Folasade | | |
| 3969 | 27/11/2017 | 30/05/2018 | Pilgrim Hospital, Boston | Pilgrim BU - Surgery | General Surgery | Clinical Risk | Pathway delays for emergency admis 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 Bow FFT / a complaint / poor patient experience (Trust reputation) SQD 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 8am - mon 8am) and 4 (mon 8am - Fri 8am), 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 safely rota the emergency workload to meet the 14 hr standard | 15 | 15 | 1 | Mohan, Mr Jayarama | [22/02/2018 17:12:39 Linda Keddie] there are discussions taking place via the Surgery Review Group as to how to proceed with this initiative being led by Julie Pipes. LK | |
| 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. Update 05/03/2018 Leaflets for staff members have been created and are to be rolled out to improve the awareness of DoC. E-learning package has been developed and will be rolled out at the same time of the leaflets. To be discussed at directorate governance with the view of permanently changing the use of side room 9 to an effective dayroom. | 15 | 15 | 6 | Hepburn, Dr Neill | [05/03/2018 15:53:11 George Gaunt] Trust failed to meet the trajectories for December and January. No confirmation from the Information Services team whether non-compliance fines have been implemented by the CCG. | |
| 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. Dayroom staffing as escalation area not accommodated within AMU staffing establishment. | Difficult discussions currently being held in Ward Sisters office or staffroom. Daily challenge at Bed Meetings to close Dayroom as escalation bed by Matron and Head of Nursing. | 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. No additional staff are given to staff day room. Dayroom is often used as escalation bed. | 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 | 4 | Carter, Holly | Jacob, Koshy | |
| 4012 | 07/02/2018 | 07/03/2018 | Grantham & District Hospital | Grantham | | Clinical Risk | Problems with EMAS retrieving patients that can't be admitted to GDM due to overnight closures | Since temporary night hour closure in Aug 17 we are have increasing problems with EMAS retrieving pts that cannot be admitted to GDM e.g. paed, mental health pts, gynae and surgical pts | Nothing specific other than following protocol and escalating to senior managers | The closure time of 18:30 has impacted on problem particularly with paediatrics as they cannot even go to a ring fenced bed on EAU as adult pts do | Discussions have taken place in A&E and site governance but no formal plan for this risk and no plan as yet re future opening hours of A&E. In addition there is a national issue particularly in the winter re ambulance support. | 15 | 15 | 6 | Charles, Mandy | | |
| 4013 | 08/02/2018 | 08/03/2018 | Lincoln County Hospital | Integrated Medicine Lincoln BU | | Corporate Risk | Nurse Staffing, medical wards at Lincoln | Serious current & predicted vacancy across many medical wards. 40% vacancy on Navenby & FAU 30% vacancy on CColeby & Scampton 20% on most other wards This has a serious consequence for team working and process reliability on the worst affected areas, due to the need to redeploy staff on a daily basis. Lack of process reliability risks serious harm to patient. There is a particular issue on C. Coleby where overall vacancy levels make it difficult to guarantee 2 x NVN trained staff on each shift Present CCOT Staffing: - x2 Practitioner during the day Monday to Friday - x1 Practitioner Saturday & Sunday With reduced staffing the CCOT service is unable to meet Trust standards and comply with recommendations of the CQC and HEEM | Daily matron led process to redeploy staff from full staffed wards, in accordance with agreed emergency templates. Process of escalation to bank & agency for short term staffing issues. These steps do not fully mitigate the risk, particularly in terms of skill mix and team working | The steps do not fully mitigate the risk, particularly in terms of skill mix and team working | The plan would be to close beds on the affected areas, but this is on hold due to the associated operational risk of closed beds causing ED crowding. The only other available stepnot already described above are around recruitment | 20 | 15 | 4 | Cleave, David | | |
| 4023 | 19/02/2018 | 19/03/2018 | Pilgrim Hospital, Boston | Pilgrim BU - Surgery | Outreach | CQC compliance risk | CCOT Staffing during the day | Nil | Cost | Plan for developing business case to support increasing CCOT establishment so that there is consistent x2 Practitioner cover during the day | | | 15 | 15 | 4 | Fox, Nicholas | [22/02/2018 17:11:29 Linda Keddie] 22.02.18 service manager Andrew Byrne developing a business case following a meeting with NF and LK ON 19.02.18 |
| 4028 | 22/02/2018 | 31/03/2018 | Pilgrim Hospital, Boston | Clinical Support Services | Screening | Strategic Risk | AAA Staffing Levels | There are only 2 AAA staff in post currently and if they were to either leave or be absent from work for any length of time this would put pressure on the ability to provide the AAA Screening Service. This would impact on the ability to screen within the National Standards as per Public Health England and detect Abdominal Aortic Aneurysms. There is a reputational risk to the Trust if KPIs and Standards performance drop. As at 22/02/18 both of these staff members are currently absent through sickness. | Prioritising surveillance patients for higher risk of AAA to ensure risk of harm is reduced. Implemented lone working to support patient throughput and maximise capacity. | 1) Cost implication as would have to pay additional hours and travel to neighbouring support, and there is a possibility that those staff are employed on a higher banding than ULHT AAA Staff. 2) Once the staff member has been recruited they will not be able to work independently straight away due to training requirements. 3) Vascular staff will be committed with their own workload and may not be able to support depending on their capacity pressures and patient types. | 1) Request has been sent out to neighbouring AAA Screening Programmes to see if they can support in any way. 2) There is a 0.55 WTE vacancy within AAA Screening which is advertised currently and closes on 04/03/18. 3) Escalated to Clinical Lead for information and advice as to whether Vascular can support in any way. | 15 | 15 | 4 | Grace, Mrs Georgina | | |

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| 4032 | 24/02/2018 | 24/03/2018 | Pilgrim Hospital, Boston | Pilgrim BU - Medicine | Accident and Emergency | Clinical Risk | A&E Staffing | Inability of department to recruit and retain substantive staff members to both normal and uplifted establishment agreed with Director of Nursing. Current uplift is: 10 Trained Nurse of Early and Late Shift with 5 HCSW's 8 and 1 Twilight Trained Nurse on night shift with 4 HSCW's Currently rotas can only achieve up to 8 nurses most shifts due to vacancy and sickness. Reduce staffing impacts of quality and safety of care delivered in department as staff unable to deliver care in a timely way. Staff morale reduced as staff unable to deliver level of care they would like to. Patients wait longer to receive care. Reduction in achievement of 4 hour target. Agency staff do not know trust or procedure would result in reduce care given. Redeployed staff are not A&E trained resulting in stress for them and reduce experience for patients. | Trust is looking to complete a bespoke recruitment advert for ED departments. Adverts currently out for department. Agency staff blocked booked where able. Bank and Overtime offered to UHFT staff. SOP for staff deployment available in department Daily assessment by Matron and HON of staffing and ability to redeploy staff from other wards and departments with the hospital. Induction for all staff redeployed into department. | Not always able to secure staffing levels as required. Agency and OT are an increased cost to department and not long term solution. Redeploying staff from across different departments and wards can often leave a staffing issue on base ward. | Ongoing Recruitment | 20 | 15 | 8 | Dejonge, Simon | |
| 4033 | 24/02/2018 | 24/03/2018 | Pilgrim Hospital, Boston | Pilgrim BU - Medicine | Accident and Emergency | Clinical Risk | Lack of Ability for Site to Ring Fence Speciality Beds | Pilgrim Hospital constantly runs at 95% bed occupancy with frequent escalation areas open. In this position the Site Team use all ring fenced beds on site to prevent 12 hr DTA's resulting in inability for patients to quickly access speciality beds with the potential to delay urgent treatment. This also results in patients waiting longer in ED for admission and breaching 4hr standard. Ring fence beds should be: Stroke Unit NTV Bed Trauma and Orthopaedics Sepsis Bed Vascular Bed | Site team do try and save the beds if able and will not use them unless they deem it the appropriate safest decision in the wider context of the hospital. Site Team will try to 'reclaim' the bed as soon as possible. Patients are identified that could outlie from speciality beds to create ring bed if required. Reminder at Bed meetings from HON to keep ring fence beds if able. Messages sent to Lead SDM and Deputy Director of Operations from HON requesting assistance with persistent issue. | Despite all the above actions ring fence beds are still in use resulting in poor untimely access to speciality. | As above. | 15 | 15 | 6 | Dejonge, Simon | |