

## Executive Risk Register – July 2016

The Trust has a robust process for managing risk and escalating concerns via the risk registers at Divisional and Executive level; this is integrated within the DATIX risk management system which enables a comparison of risk and incident reporting data. The Executive Risk Register [ERR] has existed in this format since September 2014.

### Active Risks by Division

Division	Number
Planned Care	2
Urgent Care	4
Corporate Services	1

### Active Risks by Date Risk Entered into ERR\*

Timeframe	Number
Less than 6 months	3
6 – 12 months	2
>12 months	2

\*date may differ from date risk identified by Division

### Active Risks by Residual Grade and Score

Grade and Score	Number
High [score of 20]	3
High [score of 16]	2
Moderate [score of 15]	1
Moderate [score of 12]	1

Risks Removed from ERR by Division

Division	Number
Planned Care	2
Urgent Care	3
Diagnostics & Pharmacy	4
Corporate Services	2

As at 27<sup>th</sup> July 2016, there were 7 risks entered into the ERR:

ID	Handler	Title	Date risk added	Risk Type	Division	Risk Level (Residual)	Next Review Date
I&S	Karen Townsend	Potential Damage to Reputation of Neonatal Service and Wider Trust due to Apparent Increased Mortality within the Neonatal Unit	11/07/2016	Divisional Risk	Urgent Care	High	26/08/2016
	Ms Lorraine Burnett	Risk to Patient Safety & Experience due to Industrial Action by Junior Doctors	21/04/2016	Corporate Risk	Corporate Services	High	27/07/2016
	Carmel Healey	Potential lack of bed capacity causing cancellation of essential elective work	13/12/2013	Divisional Risk	Planned Care	High	15/08/2016
	Karen Townsend	Inpatient capacity and flow within Urgent Care Division	04/12/2015	Divisional Risk	Urgent Care	Moderate	01/09/2016
	Carmel Healey	Inadequate funding for Capital requirements Main theatre/JDSC/ITU	25/02/2014	Divisional Risk	Planned Care	High	15/08/2016
	Karen Townsend	Apparent Increased Mortality within the Neonatal Unit 2015/16	11/07/2016	Divisional Risk	Urgent Care	Moderate	15/08/2016
	Karen Townsend	Service provision and diagnostic wait times	04/02/2015	Divisional Risk	Urgent Care	High	22/06/2016

Chairman's actions were taken on 11<sup>th</sup> July 2016 to add 2 risks to the ERR from Urgent Care (see **I&S** and **I&S**). There are no risks identified by the Divisions for escalation to the ERR for July 2016.

Controls and Actions Required

Risk ID	Controls	Action Required
I&S	<p>Temporary change to the admission arrangements for NNU with the support of the Cheshire and Merseyside Neonatal Care Network.</p> <p>Closure of 3 intensive care cots.</p> <p>Elective deliveries of babies at under 32/40 weeks to be undertaken at regional hospitals.</p> <p>Non-elective deliveries of babies under 32/40 at Chester will be transferred to regional hospital as soon as clinical stability and cot available.</p> <p>Independent review of the neonatal service from the Royal College of Paediatrics and Child Health and The Royal College of Nursing, which is expected to be completed by the end of August 2016.</p> <p>Communications Team managing internal and external communications and monitoring response to this.</p> <p>OH Support in place for clinical staff and for on-call teams (clinical &amp; managerial).</p>	<p>As per controls whilst awaiting Independent review of the neonatal service from the Royal College of Paediatrics and Child Health and The Royal College of Nursing</p>
	<p><b>Residual Risk Score</b></p>	<p><b>Date for Actions to be Completed</b></p>
	<p>20↔</p>	<p>Review monthly</p>

	<p>&amp; added to capital requirements as it is passed its life expectancy.</p> <p>We require a review of the process to alert nursing staff to equipment changes/failures, no replacement or life expectancy as this is not working as we would expect.</p> <p>Capital plans for 2016 - 2017 submitted with risk assessments to support prioritisation of equipment – awaiting confirmation of what will be funded</p>	Residual risk remains at 16.
	<b>Residual Risk Score</b>	<b>Date for Actions to be Completed</b>
	16 ↔	Review monthly
<b>I&amp;S</b>	<p>Clinical Lead has highlighted an apparent increased mortality within the NNU for 15/16 which has resulted in an internal 'deep dive' into mortality data to identify if there is a statistical increase against the acuity and numbers of admissions over a 36 months period up until June 2016.</p> <p>Care Quality Commission inspection in Feb 2016 did not highlight any concerns regarding neonatal mortality.</p> <p>NHSE, CQC, WCCCG, BCUHB &amp; other key stakeholders informed of concern and actions being taken.</p> <p>Duty of candour discussions with identified families underway.</p>	<p>HON and DD for Urgent Care meeting with Lead Nurse and NNU Manager fortnightly to assess workforce and resources etc.</p> <p>A full action plan has been developed and will be updated within the Division and submitted to executive level.</p> <p>There is now a daily dashboard indicating NNU status submitted 11am daily with an exception report should the agreed capacity require to be flexed in any way.</p>
	<b>Residual Risk Score</b>	<b>Date for Actions to be Completed</b>
	15 ↔	Review monthly
<b>I&amp;S</b>	Additional hours for the last quarter the department have been working to maintain service provision through, staff agreeing	Significant concerns remain in regards to the recruitment and retention of staff.

<p>December review indicates slight improvement to waiting times, however this is not sustainable due to staffing provision in regards to recent resignations, forthcoming maternity leave and continued demand on service.</p> <p>Currently the department are attempting to recruit at risk.</p> <p>Overtime, evenings and weekends are all in operation as staff are able to support, however this has been throughout 2015/16 and staff are not as forthcoming. A workforce meeting took place in Oct 2015 to explore other options for recruitment and retention.</p> <p>CRV department utilising locum technicians to support the ongoing echo demand. The division have committed to recruiting additional clinical physiologists however recruitment of appropriate staff continues to be difficult.</p> <p>Potential partnership opportunity with Wrexham university now to be explored.</p>	
<p><b>Residual Risk Score</b></p>	<p><b>Date for Actions to be Completed</b></p>
<p>20 ↔</p>	<p>Review monthly</p>

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