Countess of Chester Hospital NHS
NHS Foundation Trust

Executive Risk Register – August 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

Active Risks by Date Risk Entered into ERR*

Timeframe	Number
Less than 6 months	2
6 – 12 months	1
>12 months	3

*date may differ from date risk identified by Division

Active Risks by Residual Grade and Score

Grade and Score	Number
High [score of 20]	2
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 22nd August 2016, there were 6 risks entered into the ERR:

ID	Handler	Title	Date risk added	Risk Type	Division	Specialty	Location (exact)	Risk Level (Residual)	Next Review Date
701	Healey, Carmel	Potential lack of bed capacity causing cancellation of essential elective work	13/12/2013	Divisional Risk	Planned Care	General Surgery		High	09/09/2016
827	Healey, Carmel	Inadequate funding for Capital requirements Main theatre/JDSC/ITU	25/02/2014	Divisional Risk	Planned Care	Theatres		High	09/09/2016
1155	Townsend, Karen	Service provision and diagnostic wait times	04/02/2015	Divisional Risk	Urgent Care	Acute Medicine	Cardio-Respiratory and Vascular Department	High	05/08/2016
1334	Townsend, Karen	Inpatient capacity and flow within Urgent Care Division	04/12/2015	Divisional Risk	Urgent Care	Elderly Medicine	All Urgent Care Wards (RISK REGISTER ONLY)	Moderate	01/09/2016
1507	Townsend, Karen	Apparent Increased Mortality within the Neonatal Unit 2015/16	11/07/2016	Divisional Risk	Urgent Care	Neonatology	Neonatal Unit	Moderate	16/09/2016
1508	Townsend, Karen	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	Neonatology	Neonatal Unit	High	26/08/2016

Risk 1474 [Risk to patient safety and experience due to IA by junior doctors] was closed at the July 2016 CDG Meeting.

There are no risks identified by the Divisions for escalation to the ERR for August 2016.

In addition, every quarter, each Division is given the opportunity to highlight those risks sitting on the Divisional risk register with a residual score of 'high' level. This does not mean that the Division is requesting that these risks are transferred to the ERR but for CDG to note how the Division is managing these high level risks and to provide support and guidance, where appropriate.

Urgent Care: The Division currently has 4 risks entered on the ERR. There are an additional 11 risks with a residual risk score of high (16 or above) within the Divisional risk register:

ID	Handler	Title	Date risk added	Risk Type	Division	Risk Level (Residual)	Next Review Date
1508	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
1446	Eirian Powell	Doctor shortage and impact on Medical cover on NNU	15/03/2016	Local Risk	Urgent Care	High	16/09/2016
1424	Ms Gillian Mort	HIV Patient Confidentiality	01/03/2016	Local Risk	Urgent Care	High	04/09/2016
1220	Eirian Powell	PSEUDOMONAS IN TAPS	20/05/2015	Divisional Risk	Urgent Care	High	16/09/2016
755	Mrs Karen Rees	Nurse staffing levels for all Urgent Care wards	17/01/2014	Divisional Risk	Urgent Care	High	20/09/2016
1442	Eirian Powell	Unavailable transport service to transfer neonates to level 3 care	15/03/2016	Divisional Risk	Urgent Care	High	16/09/2016
1363	Anne Martyn	Care at Night on the Children's Unit	29/01/2016	Local Risk	Urgent Care	High	27/09/2016
1309	Mrs Ginnie Lambe	Staffing levels not adequate overnight due to staff being moved	06/11/2015	Divisional Risk	Urgent Care	High	06/08/2016
1340	Rachel Upson-White	Cardiac Monitors	10/12/2015	Divisional Risk	Urgent Care	High	10/09/2016
1155	Karen Townsend	Service provision and diagnostic wait times	04/02/2015	Divisional Risk	Urgent Care	High	05/08/2016
706	Mr James Stevens	Currently no solution for chemo e-prescribing	01/07/2013	Local Risk	Urgent Care	High	26/08/2016
568	Eirian Powell	Not compliant with staffing recommendations of National 'Neonatal tool kit'	01/06/2010	Divisional Risk	Urgent Care	High	16/09/2016
1139	Ms Gillian Mort	Appointments and access	28/01/2015	Local Risk	Urgent Care	High	07/09/2016

Controls and Actions Required

Risk ID	Controls	Action Required
1508	Temporary change to the admission arrangements for NNU with the support of the Cheshire and Merseyside Neonatal Care Network. Closure of 3 intensive care cots. Elective deliveries of babies at under 32/40 weeks to be undertaken at regional hospitals. Non-elective deliveries of babies under 32/40 at Chester will be transferred to regional hospital as soon as clinical stability and cot available. 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. Communications Team managing internal and external communications and monitoring response to this. OH Support in place for clinical staff and for on-call teams (clinical & managerial).	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
	Residual Risk Score	**Date for Actions to be Completed**
	20↔	Review monthly
701	Corporate bed meetings three times a day - Mon - Fri to assess bed capacity and review elective theatre lists for the following day	Medical outliers and delayed discharges have increased which has resulted in 21 cancellations form April - June 2016 due to no beds.

	Divisional meetings to review theatre lists, identify clinical priorities and plan for the following day. TCI plans provided to Clinical Site Co-ordinator Bed modelling and models of surgical care being agreed with extension of ambulatory care and creation of a Surgical Hub. High Quality Care Costs Less workstream associated with patient flow/capacity Ongoing monitoring of incidents, claims and complaints for this trend	Trying to plan to establish ward 53 as an escalation ward but difficulty locating equipment removed from closures of beds across Divisons. Once ward 41 reopens, ward 45 & 52 will swap to create the surgical hub. We have a 18 week recovery plan in place as now have long waiters due to the high volume of cancellations for no beds over the last 12 months.Contine to monitor residual score remains at 16 The number of Medical outliers has reduced. However, there remain issues with access to beds and operations have been cancelled in last week. Surgical bed model ward refurb work in progress but waiting winter escalation plans to be agreed. Residual score is 16.
	Residual Risk Score	**Date for Actions to be Completed**
	16 ↔	Review monthly
1334	Daily reporting across the West Cheshire health and social care footprint. Daily escalation for any blockages in relation to discharge across health and social care. Discussed at daily bed meetings, weekly access meeting and weekly SRG operational meeting. Have an escalation process and patient flow policy in place. Staffing related incidents are reported via Datix and monitored	Patientt flow project phase 1 now in implementation with intermediate care ward opening 18/7/16 and first phase of relocation for ward 43 to 53 during quarter 2 2016/17. There has been a decrease in medical outliers and reduction in escalation beds. This will continue to be monitored for remainder of quarter 2 when all reconfiguration will be completed. Residual risk reduced to 12.

	by HON and exec team. Although a range of controls are already in place, the Division continue to work at an escalated level with no significant reduction to the number of medically optimised patients and delayed transfers of care. This means that the Division is continually reporting an above 100% occupancy. Continue to participate in daily teleconference calls with all members of the local health and social care economy. Delays are escalated on a daily basis and reviewed within the winter ops weekly meeting. With effect from 29th Feb 2016 the division embarked on a test project - patient flow - which looks at providing specialty input within ED to avoid admission to develop a GP admission unit to deflect patients away from ED, and promote discharge where possible and to extend our D2A project across EPH. May 2016 early review of project demonstrating clear benefit in development of GPAU and number of patients being discharged rather than admitted. Next phase includes an element of bed reconfiguration, switching wards 43 and 50, creating a care of the elderly bed base across wards 50 and 51 and developing a therapy led unit. The Division have recruited 2 patient flow managers to support	

	patient flow across the organisation with specific focus on non-elective admissions and discharges. A dashboard is being developed as part of the model hospital project where this work is being reviewed monthly.	
	Residual Risk Score	**Date for Actions to be Completed**
	12 ↔	Review monthly
827	Reviewing all maintenance contracts as some have expired and the Division was not alerted by e-procurement. This is an issue when equipment fails and no maintenance contract in place. Requested assurance that all maintenance contracts are up to date and in place for theatre equipment. The dialysis unit RO system has also been escalated as a concern & added to capital requirements as it is passed its life expectancy. 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. Capital plans for 2016 - 2017 submitted with risk assessments to support prioritisation of equipment – awaiting confirmation of what will be funded	High priority capital equipment funded & purchasing in progress. Continue to monitor kit given the age of equipment and potential high risk of breakdown. An increase in equipment being broken and replacement required. Continue to monitor incidents. Residual risk remains at 16.
	Residual Risk Score	**Date for Actions to be Completed**
	16 ↔	Review monthly
1507	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	HON and DD for Urgent Care meeting with Lead Nurse and NNU Manager fortnightly to assess workforce and resources etc.

	June 2016. Care Quality Commission inspection in Feb 2016 did not highlight any concerns regarding neonatal mortality. NHSE, CQC, WCCCG, BCUHB & other key stakeholders informed of concern and actions being taken. Duty of candour discussions with identified families underway.	A full action plan has been developed and will be updated within the Division and submitted to executive level. 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.
	Residual Risk Score	**Date for Actions to be Completed**
	15 ↔	Review monthly
1155	Additional hours for the last quarter the department have been working to maintain service provision through, staff agreeing additional hours, evening lists and Saturday sessions, use of locum staff and through use of agency locum technicians. Additional Responsibilities have been offered for a designated period for 2 current Band 6 substantive staff willing to work an extra day per week to help with the echo service Recruitment of Substantive Staff - Since the last paper submitted discussed at CDG 28.05.15 the department has worked to review staffing establishment and has now successfully appointed: 1 x 0.6 Band 7 & 1 x 0.4 Band 7 due to commence in post August & September 1 WTE Band 6 in post as Trust locum (exploring substantive appointment) 1 x WTE Band 2 in post July 2015 Unfortunately there have been 3 resignations from CRV (1 Band	Significant concerns remain in regards to the recruitment and retention of staff. The CRV department continue to attempt to recruit qualified echo-cardiographers. However this continues to be a difficult process. Additional actions include continued use of agency and insourcing, additional hours for substantive staff and currently looking at options to develop more junior staff (longer term solution). The division report weekly to Director of Ops in regards to this issue.

	6, 1 Band 5 & 1 Band 2), the Band 6 physiologist was advertised however there was only one suitable candidate who has now withdrew prior to interview Insourcing from Wigan (Sunday ad-hoc arrangement) commenced 9th May 2015 - approx. £ I&S per day excluding travel and sustenance undertaking approx. 40 echoes. We have run approx. 5 dates with a further 2 planned so far. Taken all of the above into consideration any sustained improvement in the waiting time would not be realised until end of August 2015 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. Currently the department are attempting to recruit at risk. 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. 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.	

	Potential partnership opportunity with Wrexham university now to be explored.	
	Residual Risk Score	**Date for Actions to be Completed**
	20 ↔	Review monthly