

TRUST BOARD
25th April 2019

AGENDA ITEM	15.2	
TITLE OF PAPER	Corporate Risk Register	
Confidential	YES	
Suitable for public access	YES	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN SUBMITTED		
Trust Executive Committee		
<u>STRATEGIC OBJECTIVE(S):</u>		
Quality Of Care	<input checked="" type="checkbox"/>	
People	<input checked="" type="checkbox"/>	
Modern Healthcare	<input type="checkbox"/>	
Digital	<input type="checkbox"/>	
Collaborate	<input type="checkbox"/>	
EXECUTIVE SUMMARY		
	<p>This report summarises the Corporate Risk Register as at 18 April 2019. There are currently 5 risks on the Corporate Risk Register and one new risk.</p> <p>The Corporate Risk Register report provides assurance that relevant risks have been identified as corporate risks and that mitigating actions are in place.</p> <p>The Risk Register links to all Strategic Objectives.</p>	
RECOMMENDATION:	For Assurance	
SPECIFIC ISSUES CHECKLIST:		
Quality and safety	Yes	
Patient impact	Yes	
Employee	Yes	
Other stakeholder		
Equality & diversity	Yes	
Finance	Yes	
Legal	The Corporate Risk Register is required by the Department of Health.	

Link to Board Assurance Framework Principle Risk	
AUTHOR NAME/ROLE	Jacqui Rees, Assistant Director of Patient Safety
PRESENTED BY DIRECTOR NAME/ROLE	Dr David Fluck, Medical Director
DATE	18 th April 2019
BOARD ACTION	Receive

ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Target	Action Plan	Progress	Review Date	Monitoring
1451	Clinicians may be Unsighted to, or Fail to Review, the Results of Patient Investigations	(CQC outcome 21 & 16) There is a risk that clinicians may be unsighted to, or fail to review, the results of patient investigations and that clinical care may be compromised as a result. There is a lack of consistent, robust processes to ensure that clinicians are aware of the results of clinical investigations and take appropriate actions as a result. This risk replaces 1412.	MAJOR 15 24/06/15	MAJOR 15 	NEG 2	<ol style="list-style-type: none"> 1) Implement Order-comms system for investigations. 2) Review of current clinical systems to identify best practice. 3) Alert Clinical offices to the issue. 4) Review of Code 5 process for alerting radiology reports and ensure active tracking of reports. 	<p>March 2019: Roll out of electronic Radiology ordering to our GP Practices completed ahead of schedule. ICE continues to be unable to support code 5's. BSPS & CliniSys development of the new ICE system continues to be delayed. BSPS have proposed an interim (Pathology only) solution which incurs additional risks and disruption to the Trust as well as introducing another separate clinical system. An alternative option is for our whole suite of order comms to be developed in the soon to be announced new EPR.</p> <p>January 2019: Deployment of ICE to GP Practices has now started. 27 practices are now LIVE. Each site visit has received positive feedback from the GP's. Dual electronic and paper Radiology ordering continuing until ICE is fully deployed. The delay of BSPS WinPath Enterprise has impacted Pathology implementation plan and ASPH's roll out plan in Acute. ICE release in the Acute is estimated mid/late 2019. Clinical assistance required to complete UAT testing in early March.</p> <p>December 2018: 5 GP pilots for Radiology electronic ordering are now live. A phased roll out will commence shortly to the remaining 64 GP Practices. Dual running electronic and paper ordering for a short period of time. Pathology plan re-aligned following Enterprise delays. Release is estimated mid-2019.</p> <p>November 2018: 5 GP pilots for Radiology electronic</p>	14/05/2019	<p>Exec Lead: Medical Director</p> <p>Lead Manager: Liam Reid</p>

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1552	Lost to follow up as a result of patient administrative processes.	There is a risk that patient safety will be compromised and that patients may come to serious harm as a result of failures in core administrative processes, which may lead them to be undetected or lost to follow-up after an outpatient attendance.	CATASTR 20 06/03/17	MAJOR 15 	MINOR 4	<p>March 2019 - Divisions continue to monitor LTFUs via weekly Trust Performance and have the support of PMO/transformation teams for specific issues when required. Ophthalmology service has visited exemplars to inform redesign of the Ophthalmology OPD offering to improve capacity/demand gap and reduce clinic cancellations. Following the clinical offices' codesign of process pathways, have now started work on establishing a clinical office rolling training programme to improve and sustain adherence to the pathways in all offices. Training needs grid completed by team leads and first course to begin in March on outcome forms and codes.</p> <p>January/February 2019 – LTFU is now part of the Trust-wide Outpatient Transformation Programme that was launched in January, to ensure work continues to drive LTFU down further and then maintain. LTFU levels rose in Dec/Jan to 1,500, due to clinic cancellations and staff leave affecting clinic capacity. Improving clinic capacity is one major aim of the Outpatient Transformation Programme. Due to staff leave over the Christmas period, the clinical office team has not yet established a training programme, but work to commence again by end January. Expect to have a training programme piloting by end February.</p> <p>LTFU figures established as part of Trust performance reviews with each division every week.</p>	<p>March 2019: LTFU remains plateaued around 1,000 cases. Approx. 550 of these are within one speciality (Ophthalmology).</p> <p>January 2019: LTFU is now part of the Trust-wide Outpatient Transformation Programme that was launched in January, to ensure work continues to drive LTFU down further and then maintain. LTFU levels rose in Dec/Jan to 1,500, due to clinic cancellations and staff leave affecting clinic capacity. Improving clinic capacity is one major aim of the Outpatient Transformation Programme. Due to staff leave over the Christmas period, the clinical office team has not yet established a training programme, but work to commence again by end January. Expect to have a training programme piloting by end February.</p> <p>LTFU figures established as part of Trust performance reviews with each division every week. We are focusing on bedding down the new patient pathway navigators within the divisions now that most are in post.</p>	18/04/2019	<p>Exec Lead: / James Thomas</p> <p>Lead Manager: Mark Hinchcliffe / Sue Wales</p>

ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Target	Action Plan	Progress	Review Date	Monitoring
584	Insufficient Electrical Resilience at St Peter's Hospital	<p>The risks associated with the electrical distribution system at St Peter's hospital comprises four areas of concern.</p> <ol style="list-style-type: none"> Two separate electrical incomers from the grid enter into the same switch-room in Theatre Block and while both are electrically separate the share the same location. Should there be a catastrophic event (e.g. fire or flood) within the area, both supplies from the grid would be lost. The Trust is therefore not compliant with HTM 06 "N+1 resilience" (where the failure of one component - in this case the switch-room containing the two supplies has back up). There are significant areas of the site (e.g. Diagnostics, Pharmacy and Pathology) that have no; or significantly limited; access to back up generation and these departments would be unable to function should power be lost. Some of the equipment used in the affected 	MAJOR 26/01/2015	MAJOR 15 	MINOR	<p>March 2019: The key benefits of the first part of the resilience project are:</p> <ol style="list-style-type: none"> Generator back up for diagnostics which is not currently covered. Linking of generators so that there is additional resilience should a generator fail. Eliminates over 40 risks in the original audit including those with the highest risk. <p>The scope of the project is:</p> <ol style="list-style-type: none"> Installation of new 1000kva generators including GRP enclosure. Installation of electrical switchgear required for generators. Installation of generator control gear. An LV distribution system connecting the secondary supplies to each of the new or existing LV panels/Auto changeover switches within the building. An LV distribution system connecting the primary supplies to the new auto changeover switches within the building. Installation of a bulk storage tank. Containment systems for all services. Automatic fire detection and alarm systems connecting to the site wide system. The provision of staff familiarisation of all systems including demonstration and training. To provide liaison with staff including 3 and 6 monthly period visits and meetings following practical completion. 	<p>March 2019: Final details around the tender are currently being agreed with Ridge our Electrical Consultants. Once tendered, the project can commence when work has been completed on the MRI project which is in the same location as this work will take place.</p> <p>January 2019: Drawing and documents reviewed by the Trust and sent back to Ridge consultants for alteration.. Work is to be tendered with a view to preparation for the project being carried out at the end of this financial year and the beginning of the next. Work to replace the Diagnostics Transformer and New MRI department needs to take place prior to the electrical resilience project to prevent disruption in that area of the St Peters Site and this has now been delayed until April 2019.</p> <p>November 2018: Drawing and documents reviewed by the Trust and sent back to Ridge consultants for alteration. Drawings and documents are due to be back with the Trust by the end of this year. Work is then to be tendered with a view to installation being carried out</p>	18/04/2019	<p>Exec Lead: Chris Bell</p> <p>Lead Manager: Keith Hayward</p>

		<p>Department's do not have integrated battery back-up or UPS, and require power to either complete, or make safe a patient's medical intervention. Loss of data may also occur (e.g. in Diagnostics, the record of dosage rates may be wiped or corrupted).</p> <p>The risks are therefore are to Patient Safety, Service Failure, Infrastructure failure, reputational loss, Legal action, and financial loss of income.</p>				<p>11. Testing and commissioning. 12. Drawings and O&M manuals</p> <p>January 2019: External risk assessment has identified risks across the St Peter's site distribution system. Plan continues to be dealing with generator capacity in Diagnostics first before moving onto other risks. Action to address the other identified risks will follow this work.</p> <p>August 2018: External risk assessment has identified risks across the St Peter's site distribution system. Plan continues to be dealing with generator capacity in Diagnostics first before moving onto other risk.</p>	<p>at the end of this financial year and the beginning of the next. Work to replace the Diagnostics Transformer and New MRI department needs to take place prior to the electrical resilience project to prevent disruption in that area of the St Peters site and this has now been delayed until February 2019.</p> <p>September 2018: There is no change until after work is completed for the MRI area in December. The reduction in the risk will take place towards the end of the financial year due to the work required being in the same location as the New MRI refurbishment.</p>		
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ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Target	Action Plan	Progress	Review Date	Monitoring
1598	Medication harm	There is a clinical, reputational and financial risk from severe harm to patients from medication incidents resulting from errors with high risk medicines	MAJOR 29/01/2018	MAJOR 15 	MINOR	<p>August 2018:</p> <ol style="list-style-type: none"> Increase pharmacy capacity (Medicines Safety Officer role) to support medicines safety activities: oversee error trending/analysis and learning systems Each Division to appoint a medicines safety champion to take on an active role in improving safe use of medicines within the Divisions. New Trust prescription charts (with improvements in safety measures for highlighted high risk medicines). 	<p>March 2019: The objectives of the medicines safety strategy for 18/19 is to reduce moderate to severe medication harm by 30%. A review of progress reveals a 55% reduction in the rate of medication incidents which resulted in moderate or severe patient harm in the year to date, compared to the period 2017/2018.</p> <p>January 2019: Refresh to the Medicines Safety Strategy, including deployment of additional medicines expertise to specialties/</p>	18/04/2019	<p>Exec Lead: Sue Tranka</p> <p>Lead Manager: Toks</p>

						<p>4. Divisional governance actions to minimise risks on safe & secure handling of medicines in clinical/ward areas, misadministration of medicines and learning from medications incidents/errors.</p> <p>5. Substitutional Pharmacists' roles alongside junior doctors and nurses on wards and front of house (A&E) to improve medicines safety (Divisional support)</p> <p>6. Implement of E-prescribing (with decision support)</p>	<p>ward areas which is being progressed within Divisions.</p> <p>November 2018: Implementation of an automated medication temperature monitoring solution underway. Biologics pharmacist role embedded in Rheumatology Clinic as part of workforce redesign, post holder due to start in Dec 18. Dissemination of key learning medication investigation themes to clinical teams through monthly medicine safety infographics. Hyperkalaemia simulation training for F1 and F2 delivered in Q2. Focus on Penicillin allergies, with actions to separate stock in clinical areas to promote safe use.</p> <p>September 2018: ePR/ePMA invitation to tender scheduled to be published Oct 2018. Demonstration scenarios and site visits planned Oct/Nov 2018. NHSI notification of ePMA funding bid intention for 2019/20 completed.</p>		
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ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Target	Action Plan	Progress	Review Date	Monitoring
1592	Nursing vacancies across the Medical Division	Continued shortfall of trained staff within the Division of Medicine is impacting on the quality of care for patients. Vacancies include Specialist Nurses in	MODER 26/10/2017	CATAS 16 	MINOR	December 2018: Recruitment events in progress. Targeted recruitment in ED and Stroke On-going recruitment and retention initiatives including the introduction of sponsored apprenticeship opportunities.	Feb 2019: ED have supported 3 HCA's to undertake their training to be Nurse associates. We are in the process of preparing a paper for the Executive team relating to	06/05/2019	Exec Lead: Chief Nurse Lead Manager: Sarah

		<p>addition to ward Nurses.</p> <p>Persistent vacancies contribute to a drop in Nursing morale affecting sickness levels and staff retention.</p> <p>Educational opportunities are also lost due to reduced CPE's working with staff on the wards.</p> <p>Further increase in the vacancy factor has the potential to impact on patient safety.</p>				<p>Focused project on retention of staff. Campaigns with overseas specialty focused recruitment agencies. MES focusing on establishing new models of workforce. The creation of different roles to support patients and staff in different areas. Potential review of bed base should the vacancy factor increase. Actions in place daily to maximise mitigation of the risk.</p> <p>November 2018: Likelihood of risk causing harm has been escalated to a score of 4. Risk escalated to Corporate Risk Register.</p> <ul style="list-style-type: none"> -Daily staffing reviews to mitigate risk and reallocate staff. -Safety huddles on the wards. -Clinical Nurse Specialists and Clinical Practice Educators working within ward areas. -Recruitment events -Targeted recruitment in ED and Stroke -On-going recruitment and retention initiatives including the introduction of sponsored apprenticeship opportunities. -Focussed project on retention of staff -Campaigns with recruitment. Overseas specialty focused Agencies. - MES focusing on establishing new models of workforce. The creation of different roles to support patients and staff in clinical areas. 	<p>workforce re-design. The new Deputy Chief Nurse for workforce development is working with the Division to develop band 5 urgent care nursing program.</p> <p>December 2018: Daily staffing reviews in place to mitigate risk and reallocate staff. Safety huddles in the CAT room. Clinical Nurse Specialists and Clinical practice Educators working within the ward areas. Ward and departmental establishments reviewed on a daily basis by senior nurses. Information from daily reviews escalated at 09:30am safety huddles.</p>		<p>Burton Monitored through MES Divisional Governance Board. Exception report to Trust Committees</p>
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New Risk

ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Target	Action Plan	Progress	Review Date	Monitoring
1653	Lack of Standardisation with Wall Suction Devices	<p>There is a twofold risk with the current wall suction devices.</p> <p>1. Patient safety is compromised as 75% of our current wall suction devices have passed the manufactures expiry date for use. The companies can no longer guarantee the integrity of the devices for use on patients. As these devices are obsolete we are unable to purchase consumables.</p> <p>Following a reported incident on Datix where a critical outreach nurse attended an emergency call, the suction equipment was not working at the bedside, causing a delay in vital treatment being administered to the patient. On review of the incident the following issues had been highlighted.</p> <p>5 different devices in use across St. Peters 4 device types are outdated and expired Procurement, checking, storage and preparedness of devices lacks standardisation Devices not being checked</p>	MAJOR 08/04/2019	MAJOR		<p>Daily checks by nursing staff are in place, however this does not mitigate the fact the equipment is past its sell by date, the checks cannot and do not guarantee the integrity of the devices or the reduced risk of a system wide contamination. Reinstating education for all clinical staff will raise awareness with the devices, but will be difficult as there are 5 types of devices in operation.</p> <p>Standardisation of equipment is essential following the 2011 NPSA alert following several unavoidable deaths due to suction equipment devices.</p> <p>Audit demonstrated a lack of standardisation and a lack of essential equipment for escalation areas.</p> <p>Audit to be presented at the Nursing Board, and Quality Board, before being presented at TEC.</p> <p>Business case for procurement of new equipment.</p>	<p>01/04/2019 A comprehensive trust wide audit has been undertaken to identify replacement requirements.</p> <p>17/04/2019- audit presented at Nursing Board ; development of business case for capital funding to replace suction units underway.</p>	20/05/2019	<p>Exec Lead: Sue Tranka</p> <p>Lead Manager: Dana Scott</p>

		<p>routinely</p> <p>A signal alert from the National Patient Safety Agency (NPSA) issued in 2011 highlighted the need for organisations to consider standardising suction devices as well as implementing regular training and expanding the criteria on daily ward checklists to support effective checking of suction equipment.</p> <p>2. There is a risk to the organisation with wall suction vacuum system if contamination gets into the vacuum system this will force a shut down across the whole system for a period of 24 hours for disinfection and pharmacy sign off prior to reusing.</p> <p>Diamond range is the newest and only device for which consumables can be sourced. New devices have advanced filtering systems which need to be changed 3 monthly in high usage areas to prevent system wide contamination in the vacuum system. Older devices are all outdated and out of warranty, they are not repairable and consumables are no longer available for purchase.</p>							
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		<p>The integrity of the devices cannot be guaranteed by the manufacturer or by the Trust</p> <p>Insufficient training for clinical staff to accurately check the equipment compounded by lack of standardisation of device makes the training very difficult to deliver.</p> <p>Contamination of the vacuum suction system would force a close down for 24 hours for disinfecting. This could be catastrophic for the organisation with insufficient and outdated portable equipment available for all areas.</p> <p>It is difficult to mitigate control until standardisation of equipment has occurred.</p> <p>There is a loss of confidence with equipment integrity that is outdated and not guaranteed.</p> <p>There is a lack of ownership across the Trust with wall suction devices, with no one department willing to take responsibility for the procurement and standardisation process.</p>						
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Risk Matrix

		Likelihood				
		Rare	Unlikely	Possible	Likely	Almost Certain
Severity		1	2	3	4	5
	Negligible	1	2	3	4	5
	Minor	2	4	6	8	10
	Moderate	3	6	9	12	15
	Major	4	8	12	16	20
	Catastrophic	5	10	15	20	25

Legend

1-3 Green Negligible Risk
4-6 Yellow Minor Risk
8-12 Orange Moderate Risk
15 Red Major Risk
16-25 Red/Red Catastrophic Risk