

High Level Risk Movement Log

Report date	17/12/2021
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Prepared for	ETM 20/12/2021

Rating
15 to 25 Extreme
8 to 12 - High
4 to 6 - Moderate
1 to 3 - Low

NEW RISKS TO HIGH LEVEL RISK REGISTER									
ID	Date of entry	Care Group/ Corporate Office	Description	Risk lead	Rating (initial)	Summary of mitigation	Target date for mitigation completion	Current Rating	Rating (Residual)
3711	18/11/2021	CBU/Corporate Office: Therapies	There is a risk that Children will deteriorate /come to harm due to lack of staff capacity to manage an increasing caseload across Y&H(both volume and complexity plus large range or rare disorders requiring intense dietetic monitoring and intervention) There is a risk to staff health and wellbeing and to skilled staff retention. Staff are autonomous practitioners with many years training and experience to deliver the skill set needed who are increasingly the senior decision maker in acute cases for In and Outpatients across the region- where MDT support is limited. There is a risk of no cover when unplanned absence eg sickness occurs on top of planned leave - this s a very small team-resulting in staff having to be called for advice on their time off which is unsustainable	Loach, Jackie	20	Map capacity and demand identify and complete a business case for additional capacity and leadership capacity required (NHSE funding) Link with consultant dietitian at Northern national hub (MCH) to benchmark and review protocols and ways of working /share learning Seek support from Regional consultant leads and local MDT plus Paeds Quality lead Increasing admin support to team to release some ADP time to better support team Develop agreed Processes and SOPs to manage safely when staffing is depleted for any reason or no cover Establish who can lead this once Kirsten Foster leaves at end Dec 21	31/12/2021	16	12

HIGH LEVEL RISKS THAT HAVE CHANGED IN SCORE									
ID	Date of entry	Care Group/ Corporate Office	Description	Risk lead	Rating (initial)	Summary of mitigation	Target date for mitigation completion	Current Rating	Previous Rating
3546	28/04/2020	Planned Care Group - Children's Services	There is a risk that during the CoVid -19 outbreak a number of children and young adults will require care with some requiring intensive care (potentially requiring invasive and domiciliary (LTV)ventilation) on the children's ward	Jepps, Helen	12	Regular IC ward round with anaesthetist/PICU –phone (education and training provided).SATO (Specialist Assistant Technician Officer) to assist with availability of drugs for paediatric ward. Review escalation plan for sick child. Liaise with neighbouring units to ensure optimal communication and determine bed availability. Develop model to provide additional middle cover. Ensure joined up working with NNU Adult ICU. Establish if adult and children's nurse can care together. List children's nurses with ICU experience and ensure availability to work. Community staff to support at home/hospice, oxygen to be provided after completion of paperwork. EOL Consultant to support family. To discuss at nursing and Doctor huddle. To be raised at Children's Silver communication 4pm meeting. update 14/07/2021There is a concern that we may have a 4rd surge of the CoVid Pandemic and a children's resp surge from July 2021 onwards	31/01/2022	16	6
3597	15/10/2020	Informatics	There is an risk of the Trust's digital dictation system becoming less effective as the system needs to be upgraded to able to procure new digital dictation devices. Some of our current devices are broken and cannot be replaced to work with our current version of the dictation system. There is a clear COVID 19 risk, as some devices need to be shared, where the device needs to be held close to the mouth to work correctly.	Hollings, David	16	Dec 2021: ordering alternative devices, risk score changed to 12 Aug 2021: still devices available May 2021: more devices procured Apr 2021: additional devices procured Feb 2021: funding requested Dec 2020: 11 additional devices received. Devices re-circulated where possible following approved decontamination processes	31/03/2022	12	16

3157	27/10/2017	Planned Care Group - Neonatal	There is a risk to safety of babies, quality of care and ability to maintain required levels of activity needed to retain NICU status as a result of Non compliance with the Neonatal Critical Care Service Specification. 1. Current funded nursing establishment does not enable provision of nurse staffing at DoH Toolkit standards. 2. Percentage of QJS nurses is below mandated standard(80% for an NICU) 3. Unable to confirm a sustainable plan for neonatal nurses to access and complete the qualified in speciality neonatal qualification. Cuts to NHS England Education budgets and lack of available courses. 4. Provision of free car parking for parents of babies requiring neonatal intensive care. 5. Provision of accommodation (within dressing gown distance)for every parent of baby receiving intensive care. 6. Provision of dedicated psychologist support for families of babies receiving neonatal care. 7. Provision of baby changing facility 8. Provision of nominated respiratory physiotherapy service.	Seal, Dr Sunita	15	As of September 2020. Action plan in place for all aspects of non compliance with Critical Care Service spec. and updated to include implementation of Neonatal Critical Care Review (Dec 2019). See Risk Assessments for more detail. Staffing risk reduced at present with new starters and better vacancy rate. Currently 8 WTE vacancy rate. 18 WTE deficit in funded establishment based on activity calculations. Gap in Physiotherapy and Psychology provision - control measures not sufficient to mitigate risk. Risk Score = 10. Need to improve parental accommodation and facilities. Exploring charitable options. Update requested 30.03.2021 Staffing element reviewed 28/05/2021by KR/SW score increased to 12. Unable to recruit to Matron post. Deterioration in QJS figures and concerns about adequate education / training for nurses. Recent Serious Incidents x 3. X3 SIs declared in April 2021, two related to infection. Action plans in place. Score for Services against crit care spec is the same although we actually have less Clin Psych cover now. Update Oct 21 Both services and nurse staffing RA's reviewed and updated No change to either score Staffing remains very problematic but plans in place services See attached RA's for further detail. Update Nov 2021 Nurse Staffing element reviewed Risk increased to 15. Many leavers. Higher vacancy gap with further resignations December 2021 – no change to previous update provided in October	31/03/2022	15	12
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HIGH LEVEL RISKS THAT HAVE BEEN REMOVED/CLOSED

ID	Date of entry	Care Group/ Corporate Office	Description	Risk lead	Rating (initial)	Summary of mitigation	Target date for mitigation completion	Current Rating	Residual Rating
2935	02/07/2018	CBU/Corporate Office: Chief Nurse	Potential for loss of life or illness to staff and patients. Increased demand on all NHS services. Numbers of staff affected and unable to attend work. Closure of wards due to outbreak with an increase of patient numbers putting pressure on trust services. Disruption to other services and supply chain. Could include epidemics.	Chadwick, Claire	20	21 February 2020: As a result of the WHO declaration of a level 4 incident in relation to coronavirus (Covid-19) a full risk assessment has been undertaken to determine the organisation's preparedness. The initial risk was assessed at 15, but with current mitigation in place the level of risk has been assessed at 5 (1x5). A comprehensive action plan is in place based on national guidance and this is being monitored via daily coronavirus silver planning meetings. The Trust is engaging with local, regional and planning meetings to ensure that we have mitigation in line with the changing national picture.	15/05/2020	20	20

HIGH LEVEL RISKS THAT HAVE PASSED THEIR REVIEW DATE

ID	Date of entry	Care Group/ Corporate Office	Description	Risk lead	Rating (initial)	Summary of mitigation	Target date for mitigation completion	Current Rating	Review Date
3671	21/06/2021	Unplanned Care Group Accident & Emergency	There is a risk of serious harm or death of patients due to post COVID departmental demand and operational pressures.	Azeb, Sajid	16	11/11/21 - Since last update several of the planned mitigations associated with this risk have been completed. The new HDU has opened providing an additional 8 cubicles in which to see patients and reduce crowding. SDEC has also moved into the ED footprint which will facilitate faster flow between ED and SDEC. Additionally, GP streaming capacity onsite has been maximised, with all GP streaming now based in the ED GZ area (no offsite streaming) which is increasing the numbers of patients seen by this service. These three updates all occurred late October/early November so it is recommended the risk is reviewed end of November to see if any adjustment is required to the risk score.	31/10/2021	16	30/11/2021