

High Level Risk Movement Log

Report date	19.10.22
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Prepared for	Academies 26.10.22

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

Definitions	
Rating (initial)	The risk score at the time of entering the risk onto the risk register
Rating (residual)	The risk that is expected to remain once all actions detailed in the risk treatment plan have been completed

NEW RISKS TO HIGH LEVEL RISK REGISTER											
ID	Date of entry	Assuring Academy	Description	Lead director	Risk lead	Rating (Initial)	Summary of mitigation	Target date for mitigation completion	Action plan lead	Current Rating	Rating (Residual)
3801	23/09/2022	Finance and Performance Academy	<p>Limited access to the Gastro Olympus ERCP Stack systems which are both being used outside of service agreement and are unreliable. Olympus stacks are the equipment that is needed to provide any endoscopic procedure. They power the scopes and provide the images. A stack is integral to the provision of all endoscopic procedures and a stack is required in each room for every procedure on a list. The scopes are changed between patients depending on the nature of the procedure. The Endoscopy Unit needs 8 working stacks to provide for the lists in the 6 endoscopy rooms plus the ERCP lists and the theatre lists including emergency GI bleeding.</p> <p>One Olympus Stack system used in the ERCP room is obsolete and unusable. The system is not repairable and out of service agreement. The Olympus Stack system currently being used is borrowed from another room, but is reliant on that room not being used at the time. ERCP is a highly specialised service that is only available within acute hospital trusts and some procedures performed on the ERCP list eg stenting are referred by other trusts.</p> <p>A second Olympus Stack system in theatres, which is used for emergency bleeding and endoscopic procedures requiring GA, is also out of contract and intermittently faulty. This is not ideal in an emergency or GA situations and has already caused issues during an emergency procedure.</p> <p>The trust offers a regional luminal stenting service for cancer patients with bowel or stomach blockage and avoids surgery. This procedure requires a particular endoscope and 2 of the 3 existing scopes have broken. The replacement scopes are only compatible with the latest stack system which we do not have.</p> <p>Being short of one stack and having another faulty stack that is vulnerable to becoming obsolete at any moment and not having the latest model of stack carries a number of risks:</p> <ul style="list-style-type: none">All existing stacks being used simultaneously resulting in lack of stack availability and consequent patient cancellations. This will lengthen cancer treatment times and diagnostic waitsPatients not being able to have endoscopic stenting (a day case procedure) and for which the alternative is surgery which is clinically unacceptable. Surgery has higher morbidity and mortality, cost, length of stay and significantly worse patient experience with prolonged recovery periods. It also puts pressure on the acute surgical service and deprives the trust of funding from regional referrals. This will lengthen cancer treatment times.Referral delays in theatre if the stack breaks during a GA list, an alternative stack may or may not be available but either way would result in patient cancellations and delays through needing to re-book either the affected patient or others on the list. Many patients requiring GA endoscopy are cancer patients having staging procedures to plan treatment. This will lengthen cancer treatment times.Significant patient risk if the faulty stack were to develop a fault during an emergency procedure for GI bleeding. These procedures are done in theatre out of hours in life threatening situations so to have a stack that may break at any moment is a massive risk of harm to the patient, including death from GI bleeding due to delays.	Azab, Sajid	Jowett, Dr Sarah	15	Replacement of both stack systems. ETM has approved the purchase of the replacement systems, the order has been placed and delivery is expected by the end of October 2022.	31/10/2022	Jowett, Dr Sarah	15	1

HIGH LEVEL RISKS THAT HAVE CHANGED IN SCORE											
ID	Date of entry	Assuring Academy	Description	Lead director	Risk lead	Rating (Initial)	Summary of mitigation	Target date for mitigation completion	Action plan lead	Current Rating	Previous Rating
3686	20/07/2021	Quality & Patient Safety Academy	<p>There is a risk that the antenatal clinic (ANC) waiting area is not fit for its current and future purpose</p> <p>Currently the ANC waiting area is used by women waiting for planned appointments in the antenatal clinic, the glucose tolerance test (GTT) clinic, the Antenatal Day Unit and unplanned appointments in the Maternity Assessment Centre</p> <p>Due to COVID 19 guidance on social distancing plastic pod cubicles were installed. The space in the area allowed for 24 pods which sit 2 people in each pod, the woman and her pregnancy/support partner (NHS England directive in Spring 2021 that a support person is essential for women during their pregnancy journey and should not be classified as a visitor). There is therefore comfortable accommodation in the area for only 24 appointments at any one time.</p> <p>A typical morning session for appointments is:</p> <ul style="list-style-type: none">•All women for antenatal clinic, some clinics are multi-disciplinary and the woman is required to see at least 2 health professionals so will be waiting in the area for longer than a usual appointment time. Diabetic clinic waiting times average 3 hours, range 2-5 hours.•All women for GTT in the department for 2.5 hours (women are able to wait in the car between blood tests but due to our lack of car parking and many women not having access to a car this is not often achievable).•All women for planned antenatal day unit appointments•There may be up to 6 women waiting for the maternity assessment centre at any one time but unplanned care is impossible to predict. The space is also shared by the Gynaecology team for outpatient clinics for general outpatient clinics, specialist gynaecology cancer clinics, and reproductive medicine clinic. <p>Using these typical numbers it is clear that the area is not large enough to meet the needs of the service. Additional chairs have been socially distanced in the corridor to accommodate the volume of attendees but this still poses a challenge and often inhibits in meeting the social distancing requirements and compromises privacy and dignity.</p> <p>In addition, due to the location of the maternity assessment centre any woman requiring emergency transfer to Labour Ward has to be navigated through the antenatal clinic area.</p>	Holloway, Mark	Stott, Carly	15	The pods have been removed from the waiting area which has enabled more seating space and improved visibility of women through this area to labour ward albeit still not ideal from a dignity and patient experience perspective. Building plans have been approved initial priority being given to the ambulatory care area. Plans are in place to move the gynaecology outpatient clinic to M2 by the end of the financial year which will improve waiting area capacity.	31/03/2023	Stott, Carly	9	15

HIGH LEVEL RISKS THAT HAVE BEEN REMOVED/CLOSED											
ID	Date of entry	Assuring Academy	Description	Lead director	Risk lead	Rating (Initial)	Summary of mitigation	Target date for mitigation completion	Action plan lead	Current Rating	Residual Rating
			no risks changed in score during the period 21.9.22-13.10.22								

HIGH LEVEL RISKS THAT HAVE PASSED THEIR REVIEW DATE											
ID	Date of entry	Assuring Academy	Description	Lead director	Risk lead	Rating (initial)	Summary of mitigation	Target date for mitigation completion	Action plan lead	Current Rating	Review Date