

PRINCIPAL CORPORATE RISKS REPORT FOR QUALITY COMMITTEE (Residual risk scores of 15 and above)
Report Date: 23 August 2017

CRR 28: Current delays in treatment of Patients requiring Emergency Care - Risk Owner: Paul Stevens							
Inherent Risk Score: I=5 L=5	Risk Control	Assurance Level	Residual Risk Score: I=5 L=5	Action Required	Action Relevance	Latest Progress Notes	Target Risk Score: I=5 L=2
	<p>"Time to make a Difference" (A&E recovery) plan in place supported by ECIP Control Owner: Jane Ely</p> <p>Accident and Emergency Delivery Board in place Control Owner: Matthew Kershaw</p>	<p>Adequate</p>		<p>Implementation of the Safer Bundle in WHH Person Responsible: Jonathan Purday To be implemented by: 31 Mar 2018</p>	High	<p>15 Aug 2017 Safer bundle has been implemented. Compliance with the various elements is variable. At present, the point of maximum discharge of patients is 7 hours later than it should be. We need to left shift the point of maximum discharge to mid-day (earlier in the day). Weekly reports detail ward by ward the compliance with each element of the safer bundle. Implementation is tied up to the acute medical model.</p>	
	<p>Daily intensive review/bed matching for emergency admissions not placed at time of review Control Owner: Jane Ely</p>	<p>Adequate</p>		<p>Implementation of the SAFER bundle in K&CH Person Responsible: Jonathan Purday To be implemented by: 31 Dec 2017</p>	High	<p>15 Aug 2017 Safer bundle has been implemented. Compliance with the various elements is variable. At present, the point of maximum discharge of patients is 7 hours later than it should be. We need to left shift the point of maximum discharge to mid-day (earlier in the day). Weekly reports detail ward by ward the compliance with each element of the safer bundle. Implementation is tied up to the acute medical model.</p>	
	<p>Demand and capacity reviewed and monitored in all areas outlined in the Operating Framework Control Owner: Jane Ely</p>	<p>Adequate</p>		<p>Implementation of the Safer Bundle in QEQM Person Responsible: Paul Stevens To be implemented by: 31 Mar 2018</p>	High	<p>15 Aug 2017 Safer bundle has been implemented. Compliance with the various elements is variable. At present, the point of maximum discharge of patients is 7 hours later than it should be. We need to left shift the point of maximum discharge to mid-day (earlier in the day). Weekly reports detail ward by ward the compliance with each element of the safer bundle. Implementation is tied up to the acute medical model.</p>	
	<p>Acute Medical Model in place Control Owner: Jonathan Purday</p>	<p>Limited</p>		<p>Implement "Time to make a Difference" (A&E Recovery Plan) Person Responsible: Jane Ely To be implemented by: 30 Sep 2017</p>	High	<p>07 Aug 2017 Reviewing a new targeted plan on ED performance linked closely to quality and patient safety.</p>	
	<p>Single Health Resilience Early Warning Database (SHREWD) has been revised . It is expected that when the Trust is under pressure the system will respond with agreed actions Control Owner: Jane Ely</p>	<p>Limited</p>		<p>Create medical assessment areas as part of the emergency floor at both QEQM and WHH Person Responsible: Lesley White To be implemented by: 30 Nov 2017</p>	High	<p>18 Aug 2017 This will contribute to decongesting the A&E departments</p>	
	<p>Support from the Emergency Care Improvement Programme (ECIP) Control Owner: Jane Ely</p>	<p>Limited</p>		<p>Increase the opening hours of the Surgical Emergency Assessment Unit at the WHH Person Responsible: Christine Hudson To be implemented by: 22 Dec 2017</p>	High	<p>15 Aug 2017 The SEAU is currently open until 5p.m Monday to Friday. This is a new action. Progress updates will be added by the Action Owner.</p>	
	<p>Urgent Care Recovery Plan in place and updated in line with national priorities (Streaming, Access to advise, Ambulatory Care, Patient flow (Safer Bundle) and Discharge (External capacity) Control Owner: Jane Ely</p>	<p>Limited</p>		<p>Introduction of a Surgical Emergency unit at QEQM Person Responsible: Christine Hudson To be implemented by: 30 Mar 2018</p>	High	<p>15 Aug 2017 This action has recently been requested by the CEO. Progress updates will follow from the Action Owner.</p>	
	<p>Weekly site based meetings in place designed to improve ownership of the emergency care pathway and reduce overcrowding in the emergency department Control Owner: Lesley White</p>	<p>Limited</p>		<p>Recruitment of acute physicians and specialty doctors establishment Person Responsible: Jonathan Purday To be implemented by: 31 Mar 2018</p>	High	<p>17 Aug 2017 20+ specialty ED doctors have been recruited via agency and NHS jobs with a lead in time of 3 months to allow for visa and recruitment process to be completed. An additional 10 interviews are planned to ensure that any posts that drop off during the recruitment process are actively monitored and recruited into.</p>	
CRR 51: Patient safety may be compromised as a result of the move of acute medicine, acute geriatric medicine and Stroke from the K&C site - Risk Owner: Paul Stevens							
Inherent Risk Score: I=5 L=4	Risk Control	Assurance Level	Residual Risk Score: I=5 L=4	Action Required	Action Priority	Latest Progress Notes	Target Risk Score: I=5 L=2
	<p>Framework in place to measure the overall gap in bed occupancy and contribution from interventions that will close the gap Control Owner: Jane Ely</p>	<p>Adequate</p>		<p>Recruitment to substantive medical posts to fill establishment Person Responsible: Lesley White To be implemented by: 05 Apr 2018</p>	High	<p>21 Aug 2017 20+ specialty ED doctors have been recruited via agency and NHS jobs with a lead in time of 3 months to allow for visa and recruitment process to be completed. An additional 10 interviews are planned to ensure that any posts that drop off during the recruitment process are actively monitored and recruited into.</p>	
	<p>High level action plan in place to deliver the requirements for readiness Control Owner: Jane Ely</p>	<p>Limited</p>		<p>Fully implement the acute medical model on WHH & QEQM sites Person Responsible: Jonathan Purday To be implemented by: 05 Apr 2018</p>	High	<p>18 Aug 2017 At present the model has been partially implemented on both acute sites, full implementation is dependent on continued recruitment to establishment</p>	
	<p>Implementation of the Business Continuity Plans in the Operation Oakleaf Action Plan Control Owner: Jane Ely</p>	<p>Adequate</p>		<p>Implementation of the East Kent Clinical Strategy through the STP process Person Responsible: Liz Shutler To be implemented by: 30 Apr 2018</p>	High	<p>16 Aug 2017 Timeline for this action is being reviewed by the Programme Board and will be advised following this.</p>	

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	Increased proportion of patients treated through ambulatory care Control Owner: Jonathan Purday	Adequate
	Oversight group in place Control Owner: Jane Ely	Adequate
	Provision of extra ten placements per site per day from our healthcare partners Control Owner: Jane Ely	Limited
	Return of the medically optimised patients to the K&C site Control Owner: Jane Ely	Adequate
	Safe transfer of medically stable patients from the two acute sites back to K&C for ongoing rehabilitation and discharge from hospital Control Owner: Jane Ely	Adequate

CRR 32: Inability to share information about children and young people - Risk Owner: Sally Smith							
Inherent Risk Score: I=4 L=4	Risk Control	Assurance Level	Residual Risk Score: I=4 L=4	Action Required	Action Priority	Latest Progress Notes	Target Risk Score: I=4 L=2
	Information sharing has been agreed across agencies. Control Owner: Carol Tilling	Adequate		To explore the addition of the Safeguarding review with the GP letter electronically. Person Responsible: Carol Tilling To be implemented by: 31 Aug 2017	High	11 Aug 2017 ECas card is not sending the alerts. This is being picked up manually by the Child Safeguarding team.	
	Interim arrangements in place after the closure of the service - process for identifying children at risk in the EDs by the Child Safeguarding Team. Control Owner: Carol Tilling	Adequate					

CRR 49: Negative impact of the implementation of the new HRMC- IR35 tax regime - Risk Owner: Sandra Le Blanc							
Inherent Risk Score: I=4 L=5	Risk Control	Assurance Level	Residual Risk Score: I=4 L=4	Action Required	Action Priority	Latest Progress Notes	Target Risk Score: I=4 L=3
	Reviewed Bank Rates for those high risk areas impacted by this change Control Owner: Sandra Le Blanc	Limited		Develop a workable plan for compliance with IR35 Person Responsible: Nick Gerrard To be implemented by: 16 Oct 2017	Medium	14 Aug 2017 Target date of 31 August 2017 will not be met for producing the policy due to other pressing operational matters. However, process is in place which all Divisions are aware of and complying with.	
	Communication sent out to all clinical staffing recruiters notifying them of Trust policy and requirements for information regarding IR 35 status of temporary staff Control Owner: Sarah Charman	Limited		Ensure the Trust determines the IR35 status of all agency staff/locum engagements Person Responsible: Nick Gerrard To be implemented by: 31 May 2017	Medium	14 Aug 2017 Target date of 31 August 2017 will not be met for producing the policy due to other pressing operational matters. However, process is in place which all Divisions are aware of and complying with.	
	Financial costs to the Trust associated with the new tax regime determined Control Owner: Nick Gerrard	Limited					

CRR 3: Inability to respond in a timely way to changing levels of demand for elective services - Risk Owner: Jane Ely							
Inherent Risk Score: I=4 L=5	Risk Control	Assurance Level	Residual Risk Score: I=4 L=4	Action Required	Action Priority	Latest Progress Notes	Target Risk Score: I=3 L=2
	Annual business plan in place Control Owner: Jane Ely	Limited		New Operational Plan (Business plan) to be agreed for 2017-2019 Person Responsible: Jane Ely To be implemented by: 30 Jun 2017	High	07 Aug 2017 Meeting held with the CCGs. Discussions are still continuing. Contract Performance meetings for RTT (where capacity and demand and alternative providers will be discussed) are planned on a monthly basis - 1st meeting 18 August.	
	Daily intensive review/bed matching in place for elective admissions Control Owner: Jane Ely	Adequate		Finalise remaining job plans Person Responsible: Nicholas Goodger To be implemented by: 30 Sep 2017	High	23 Aug 2017 113 out of 152 job plans completed (74%).	
	Demand and capacity reviewed and monitored in all areas outlined in the Operating Framework Control Owner: Jane Ely	Adequate		For specific specialties identified, commence specific training for clinicians with regard to RTT outcomes Person Responsible: Chris Hudson To be implemented by: 29 Sep 2017	High	12 Aug 2017 NHS Elect are attending September all day audit meeting to train consultants within the Surgical Division. Has been opened to other Divisions. Will assess attendance in September and if required add additional training days within speciality audit meetings	

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	Detailed Q1 2017/18 planning in place to ensure outpatient and surgical capacity meets BP Control Owner: Jane Ely	Adequate		Review the Demand and Capacity plan in light of the K&C transfer and other operational changes Person Responsible: Jane Ely To be implemented by: 04 Aug 2017	High	07 Aug 2017 Demand and Capacity plan reviewed by Divisions. Plan now in place for beds and theatres. Needs to be followed up and consolidated.	
	Each speciality supports dedicated validation time Control Owner: Chris Hudson	Adequate		Detailed review of the quarterly plans for 2017/18 (demand) - linked to recruitment of new Consultants Person Responsible: Jane Ely To be implemented by: 18 Aug 2017	High	07 Aug 2017 Now reviewed at the Confirm and Challenge meeting - Income & Expenditure and Activity Plans; any concerns are then discussed at EPR. Q1 targets met. Q2 - month 1 lower than expected. Q2 being revised. No real concerns at this stage.	
	Elective demand - Continuing to alert CCG colleagues to excessive demand and collaborating with them to provide alternatives to referral e.g. advice and guidance Control Owner: Jane Ely	Adequate		Finalise remaining job plans Person Responsible: Anne Greenhalgh To be implemented by: 30 Sep 2017	High	23 Aug 2017 49 out of 54 job plans completed (90%).	
	Escalations of capacity for outpatients and theatres happen as required Control Owner: Chris Hudson	Limited		Finalise remaining job plans Person Responsible: Elhussein Rfidah To be implemented by: 30 Sep 2017	High	23 Aug 2017 46 out of 53 job plans completed (87%).	
	Inpatient bed requirements for Surgical division completed Control Owner: Chris Hudson	Adequate		Finalise remaining job plans Person Responsible: Jonathan Purday To be implemented by: 30 Sep 2017	High	23 Aug 2017 43 out of 91 job plans completed (47%).	
	Numerical table of residual gap analysis in terms of capacity reported to Finance & Performance Committee Control Owner: Jane Ely	Adequate					
	RTT - A joint improvement plan is in place and supported by NHS Elect Control Owner: Chris Hudson	Limited					
	RTT - Recovery trajectory in place Control Owner: Chris Hudson	Limited					
	Support from the National Intensive Support Team (National team) - training and capacity planning (demand management for etc Control Owner: Chris Hudson	Limited					
	The Surgical Division continues to deliver the cost improvement programmes for theatres (Capacity) including utilisation, dropped session review and cancellations Control Owner: Chris Hudson	Limited					

CRR 22: Failure to record/carry out timely Venous Thromboprophylaxis (VTE) risk assessments - Risk Owner: Paul Stevens																																																																																																																			
Inherent Risk Score: I=5 L=4	Risk Control	Assurance Level	Residual Risk Score: I=5 L=3	Action Required	Action Priority	Latest Progress Notes	Target Risk Score: I=3 L=2																																																																																																												
<div>Headline Type: Inherent Risk Score Update</div> <table><tr><td>5. Extreme</td><td>Low (5)</td><td>Moderate (10)</td><td>High (15)</td><td>Extreme (20)</td><td>Extreme (25)</td></tr><tr><td>4. Significant</td><td>Low (4)</td><td>Moderate (8)</td><td>Moderate (12)</td><td>High (16)</td><td>Extreme (24)</td></tr><tr><td>3. Moderate</td><td>Very Low (3)</td><td>Low (6)</td><td>Moderate (9)</td><td>Moderate (13)</td><td>High (18)</td></tr><tr><td>2. Low</td><td>Very Low (2)</td><td>Low (4)</td><td>Low (6)</td><td>Moderate (8)</td><td>Moderate (12)</td></tr><tr><td>1. Negligible</td><td>Very Low (1)</td><td>Very Low (2)</td><td>Very Low (3)</td><td>Low (4)</td><td>Low (5)</td></tr><tr><td colspan="6">1. Rare 2. Unlikely 3. Possible 4. Likely 5. Almost Certain</td></tr></table>	5. Extreme	Low (5)	Moderate (10)	High (15)	Extreme (20)	Extreme (25)	4. Significant	Low (4)	Moderate (8)	Moderate (12)	High (16)	Extreme (24)	3. Moderate	Very Low (3)	Low (6)	Moderate (9)	Moderate (13)	High (18)	2. Low	Very Low (2)	Low (4)	Low (6)	Moderate (8)	Moderate (12)	1. Negligible	Very Low (1)	Very Low (2)	Very Low (3)	Low (4)	Low (5)	1. Rare 2. Unlikely 3. Possible 4. Likely 5. Almost Certain						Consultants iPads able to access the VitalPAC system Control Owner: Paul Stevens	Adequate	<div>Headline Type: Residual Risk Score Update</div> <table><tr><td>5. Extreme</td><td>Low (5)</td><td>Moderate (10)</td><td>High (15)</td><td>Extreme (20)</td><td>Extreme (25)</td></tr><tr><td>4. Significant</td><td>Low (4)</td><td>Moderate (8)</td><td>Moderate (12)</td><td>High (16)</td><td>Extreme (24)</td></tr><tr><td>3. Moderate</td><td>Very Low (3)</td><td>Low (6)</td><td>Moderate (9)</td><td>Moderate (13)</td><td>High (18)</td></tr><tr><td>2. Low</td><td>Very Low (2)</td><td>Low (4)</td><td>Low (6)</td><td>Moderate (8)</td><td>Moderate (12)</td></tr><tr><td>1. Negligible</td><td>Very Low (1)</td><td>Very Low (2)</td><td>Very Low (3)</td><td>Low (4)</td><td>Low (5)</td></tr><tr><td colspan="6">1. Rare 2. Unlikely 3. Possible 4. Likely 5. Almost Certain</td></tr></table>	5. Extreme	Low (5)	Moderate (10)	High (15)	Extreme (20)	Extreme (25)	4. Significant	Low (4)	Moderate (8)	Moderate (12)	High (16)	Extreme (24)	3. Moderate	Very Low (3)	Low (6)	Moderate (9)	Moderate (13)	High (18)	2. Low	Very Low (2)	Low (4)	Low (6)	Moderate (8)	Moderate (12)	1. Negligible	Very Low (1)	Very Low (2)	Very Low (3)	Low (4)	Low (5)	1. Rare 2. Unlikely 3. Possible 4. Likely 5. Almost Certain						Ensure all Clinical Staff check Patients VTE recording status and escalate to the responsible doctor Person Responsible: Liz Mount To be implemented by: 30 Jun 2017	High	10 Jul 2017 The Division has achieved 94%. Action plan in place for Womens Health to improve their risk assessment percentage which entails the nursing staff compiling a list of patients who require a VTE risk assessment for discussion at the daily Board rounds. The Division continues to report improvements and review actions at its Divisional Board	<div>Headline Type: Target Risk Score Update</div> <table><tr><td>5. Extreme</td><td>Low (3)</td><td>Moderate (6)</td><td>High (9)</td><td>Extreme (12)</td><td>Extreme (15)</td></tr><tr><td>4. Significant</td><td>Low (4)</td><td>Moderate (8)</td><td>Moderate (12)</td><td>High (16)</td><td>Extreme (24)</td></tr><tr><td>3. Moderate</td><td>Very Low (3)</td><td>Low (6)</td><td>Moderate (9)</td><td>Moderate (13)</td><td>High (18)</td></tr><tr><td>2. Low</td><td>Very Low (2)</td><td>Low (4)</td><td>Low (6)</td><td>Moderate (8)</td><td>Moderate (12)</td></tr><tr><td>1. Negligible</td><td>Very Low (1)</td><td>Very Low (2)</td><td>Very Low (3)</td><td>Low (4)</td><td>Low (5)</td></tr><tr><td colspan="6">1. Rare 2. Unlikely 3. Possible 4. Likely 5. Almost Certain</td></tr></table>	5. Extreme	Low (3)	Moderate (6)	High (9)	Extreme (12)	Extreme (15)	4. Significant	Low (4)	Moderate (8)	Moderate (12)	High (16)	Extreme (24)	3. Moderate	Very Low (3)	Low (6)	Moderate (9)	Moderate (13)	High (18)	2. Low	Very Low (2)	Low (4)	Low (6)	Moderate (8)	Moderate (12)	1. Negligible	Very Low (1)	Very Low (2)	Very Low (3)	Low (4)	Low (5)	1. Rare 2. Unlikely 3. Possible 4. Likely 5. Almost Certain					
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	Email alert from VitalPAC for patients whose VTE assessment has not been completed has been introduced. Control Owner: Paul Stevens	Limited		Ensure all Clinical Staff check Patients VTE recording status and escalate to the responsible doctor Person Responsible: Karina Greenan To be implemented by: 30 Jun 2017	High	10 Aug 2017 At ward and board rounds nursing staff escalate to the medical teams in attendance where VTE compliance has not been attained. They will ask the medical teams to complete prior to their leaving the wards.																																																																																																													
	No Patient is allowed to leave Clinical Decisions Units/A&E without VTE assessment Control Owner: Jonathan Purday	Limited		Ensure all Clinical Staff check Patients VTE recording status and escalate to the responsible doctor Person Responsible: Heather Munro To be implemented by: 30 Jun 2017	High	10 Aug 2017 QB meet on the 09/08/17 so following the outcome of a robust discussion this risk description and responsibility may be reviewed and amended accordingly																																																																																																													
	No patient is allowed to leave the Theatre recovery area without VTE assessment being recorded Control Owner: Nic Goodger	Limited		Ensure all Clinical Staff check Patients VTE recording status and escalate to the responsible doctor Person Responsible: Julie Barton To be implemented by: 30 Jun 2017	High	17 Aug 2017 I have asked Dr Kaikini in writing to support the timely completion of VTE assessment and to support his colleagues in achieving full compliance. I have escalated to Dr Greenhalgh and she is supporting Dr Kaikini and his colleagues in progressing the barriers they perceive to be in place.																																																																																																													
	Trust-wide VTE Action Plan in place to ensure compliance (£7.2million potential contract penalty to EKHUFT for non-compliance) Control Owner: Chiara Hendry	Limited		Ensure e-Prescribing is compatible with the VTE electronic risk assessments Person Responsible: Chiara Hendry To be implemented by: 28 Sep 2018	High	23 Aug 2017 The electronic record project commences in October 2017, the date for completion of this action has therefore been put back to September 2018																																																																																																													
	VTE assessment recording data extracted from the VitalPac system Control Owner: Paul Stevens	Adequate		Division to devise Action Plans to ensure they meet the 95% VTE risk assessment target Person Responsible: Jonathan Purday To be implemented by: 31 Jul 2017	High	15 Aug 2017 The UCLTC action plan includes: 1) Naming specific consultants and specialities VTE performance 2) A trial of VitalPACS access in ED increased VTE assessment by a marginal rate but we are going to try a 2 week trial at WHH This plan has increased performance for the last 2 months.																																																																																																													
				Division to devise Action Plans to ensure they meet the 95% VTE risk assessment target Person Responsible: El-Hussein Rfidah To be implemented by: 31 Jul 2017	High	21 Aug 2017 Awaiting progress notes from Action Owner. Reminder sent.																																																																																																													

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Division to devise Action Plans to ensure they meet the 95% VTE risk assessment target Person Responsible: Nic Goodger To be implemented by: 31 Jul 2017								High	21 Aug 2017 Awaiting progress notes from Action Owner. Reminder sent.		
Implement the Trust-wide VTE Action Plan 2016/17 Person Responsible: Gillian Evans To be implemented by: 29 Sep 2017								High	05 Jul 2017 Action plan in progress. Two actions (remedial actions) linked to the CPN require completing by September 2017.		
Produce and Implement Trust-wide VTE Action Plan 2017/18 Person Responsible: Gillian Evans To be implemented by: 30 Mar 2018								High	21 Aug 2017 Awaiting progress notes from Action Owner. Reminder sent.		
CRR 57: Inadequate supply of essential drugs/vaccines - Risk Owner: Paul Stevens											
Inherent Risk Score: I=5 L=4		Risk Control	Assurance Level	Residual Risk Score: I=5 L=3		Action Required		Action Priority	Latest Progress Notes		Target Risk Score: I=4 L=2
		Clinical Pharmacy in place Control Owner: Emma Dodridge	Adequate			Produce and sign off PGDs for change of Hep B vaccine to a different manufacturer Person Responsible: Pauline Treadwell To be implemented by: 31 Oct 2017		High	21 Aug 2017 This is a new action (added 21/08/17). Action Owner liaising with Pharmacy and will provide progress update.		
		National Pharmacy procurement arrangements in place Control Owner: Will Willson	Adequate								
		Pharmacy procurement and distribution process in place Control Owner: Heather McAdam	Adequate								
		Regular review and monitoring of effect of not providing BCG Control Owner: Lorraine Crawley									
		The OH Service maintain a recall list of staff who require Hep B vaccine through the OH software Control Owner: Lorraine Crawley	Adequate								
CRR 4: Failure to recognise or treat Patients with sepsis in a timely way - Risk Owner: Paul Stevens											
Inherent Risk Score: I=5 L=5		Risk Control	Assurance Level	Residual Risk Score: I=5 L=3		Action Required		Action Priority	Latest Progress Notes		Target Risk Score: I=5 L=2
		A local rule base for coding for sepsis and severe sepsis Control Owner: Michelle Webb	Adequate			Implement the Emergency medicine work stream that covers ambulance handover, streaming and Standing Operating Proceedings within the EDs (part of the "Time to make a Difference " (A&E recovery) plan) Person Responsible: Jane Ely To be implemented by: 30 Sep 2017		High	07 Aug 2017 Work on the acute medical model shows evidence of significant improvement. Also evidence that when department is crowded these patients are still identified and looked after. Reviewing a targeted plan on ED performance linked closely to quality and patient safety.		
		All Point of Care testing equipment for blood gas analysis updated to include lactate measurements in EDs and respiratory wards. Control Owner: Michelle Webb	Adequate			Strengthening mandatory training and opportunities at induction to ensure all staff are aware of existing DOPs and local tools for screening and management of deteriorating patient, including sepsis. Person Responsible: Michelle Webb To be implemented by: 29 Sep 2017		Medium	18 Aug 2017 Although agreed in principle by Management Board the costs are being reviewed prior to implementation		
		Clinical staff issued with aide-memoire on sepsis management and compliance tested using CEM audit and local audit Control Owner: Michelle Webb	Adequate			Undertake sepsis awareness education campaign for Pharmacists Person Responsible: Michelle Webb To be implemented by: 30 Sep 2017		Medium	23 Aug 2017 This is a new action (added to 4Risk on 23 August 2017). This campaign is planned for September 2017 entitled 'Sepsis September'		
		Deteriorating Patient Steering Group in place that brings together the various work streams (AKI, sepsis, recognition and escalation, NIV). Control Owner: Michelle Webb	Adequate								
		Documentation in all EDs revised to consistently record patients vital signs and blood test results Control Owner: Michelle Webb	Adequate								
		Sepsis screening in ward patients triggering an EWS of 4 or higher Control Owner: Michelle Webb	Limited								
		Staff training in place on the recognition of patients with sepsis in line with national best practice, including primary care and Ambulance service Control Owner: Michelle Webb	Adequate								
		update of eCasCard to accurately flag patients requiring sepsis screening in the EDs Control Owner: Michelle Webb	Adequate								
		VitalPac in place in all inpatient adult areas (exception labour wards) allowing for electronic capture of observations and automatic calculation of early warning risk score. Control Owner: Michelle Webb	Adequate								