

Hannah Gostling

HDUHB Risk Assessment Form (Datix Admin Form)

 Click [here](#) to view some tips to help you navigate this form.

If you are reviewing this risk, please ensure you review the actions as well.

For assistance with completing this form please email the Datix Team at: [Datix Mailbox](#)

Risk Assessment

Datix risk reference	1919
Date of entry	05/09/2024
Type of risk	Operational

Please contact the Head of Assurance and Risk before adding strategic or corporate risks.

Risk Ownership/Responsibility

Please select your Directorate	USC: PPH, Diabetes and Respiratory
Please select your Service/Department	USC: PPH
Executive Director	Carruthers, Andrew - Chief Operating Officer
Directorate lead	Perry, Sarah - General Manager Unscheduled Care
Management or service lead	Evans, Iona - Head of Nursing GGH & PPH (Interim)

Risk Details

Title of risk	Risk of patient deterioration in MIU due to lack of GP cover
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Maximum characters: 128

Date risk identified (dd/MM/yyyy)	01/04/2024
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Domains of Quality	Effective Efficient Equitable Person Centred Safe Timely
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Additional Risk Details

Strategic Objectives

Does this risk affect any strategic objectives? If so, please choose from the drop-down list. Otherwise, please select 'Not applicable'.

Planning Objectives

Does this risk affect any planning objectives? If so, please choose from the drop-down list.

Links to other Datix risks

Please include the relevant risk reference number(s) if this link relates to another risk already on Datix. If there are numerous, please separate by using a comma

Risk Statement

What is the risk to the Health Board?

There is a risk...

Maximum characters: 200

of patient deterioration following presentation at MIU.

This is caused by...

Maximum characters: 400

patients being unable to receive the appropriate medical treatment due to a lack of substantive Doctors contracted to MIU.

This could lead to an impact/effect on...

Maximum characters: 450

patient safety, with care and treatment being delayed and compromised due to the wrong staff set looking after them. Impact on hospital flow. Increased number of referrals to the On Call Medical Team, resulting in workload pressures on Medics and on Nursing staff. These additional pressures could result in increasing levels of staff sickness, low staff morale, recruitment and retention difficulties. Potential increase in complaints and patient incidents. Reputational damage to the Health Board.

Location of risk

You can select as many as apply.

Prince Philip Hospital

If this risk materialised, what would be the estimated financial impact?

Please enter the estimated financial cost to the health board if the risk materialises.

Costing out individual risks helps the UHB to prioritise its resources, ensure a proportionate response to the risk and understand the overall risk exposure of the organisation.

Domain

Domain

[Click here to use the risk matrix for guidance.](#)

- Safety - Patient, Staff or Public
 - Quality/Complaints/Audit
 - Workforce/OD
-

- Statutory duty/inspections
- Adverse publicity/reputation
- Business objectives/projects
- Finance inc. claims
- Service/Business interruption/disruption
- Health Equity

Please select the impact of the risk concerning Safety of Patients, Staff or Public based on the information below.

Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
<p>Minimal injury requiring no/minimal intervention or treatment.</p> <p>No time off work.</p>	<p>Minor injury or illness, requiring minor intervention.</p> <p>Requiring time off work for >3 days</p> <p>Increase in length of hospital stay by 1-3 days</p>	<p>Moderate injury requiring professional intervention</p> <p>Requiring time off work for 4-14 days</p> <p>Increase in length of hospital stay by 4-15 days</p> <p>Agency reportable incident</p> <p>An event which impacts on a small number of patients</p>	<p>Major injury leading to long-term incapacity/disability</p> <p>Requiring time off work for >14 days</p> <p>Increase in length of hospital stay by >15 days</p> <p>Mismanagement of patient care with long-term effects</p>	<p>Incident leading to death</p> <p>Multiple permanent injuries or irreversible health effects</p> <p>An event which impacts on a large number of patients</p>

Inherent Risk Rating

Evaluate the **INHERENT risk rating**
This is the level of risk before any control measures are applied.

Inherent Impact: 5
 Inherent Likelihood: 4
 Inherent Risk Score: 20
 Risk Level (Inherent): EXTR

[Click here to use the risk matrix for guidance.](#)

Control Measures Currently in Place

List the **CURRENT** control measures already in place to manage/mitigate this risk.

Existing Control Measures **CURRENTLY IN PLACE**
Enter in list format and leave a space between each control.

There is a communication system in place to alert patients to times when there is no GP cover. This communication is also cascaded to WAST, local Police teams and Mental Health teams. Redirection policy is in place with the criteria of patients that are seen in MIU being reviewed during the triage process and, if their treatment falls outside of MIU remit, they are advised to travel to GGH for appropriate treatment.

Rota Team have a Local Cover Group which they utilise – searching for cover right up until the shift starts. They also work with the Doctors on duty to query whether they can cover additional hours by starting shift earlier/remaining later. Medics on Call are the point of call for anything that comes in for urgent care.

Adequacy of Controls

Gap in Controls
How do you know your controls are working and effective?

Patients may not have seen the communication alert and may present at MIU, e.g., those without social media/internet access/visual or hearing impairment.
Patients may disregard the communication alert and present at MIU for treatment, e.g., those who are acutely unwell and unable to travel to GGH.
Rota Team cannot always obtain GP cover for all shifts.

Current Risk Rating

Evaluate the **CURRENT risk rating**
This is the current level of risk taking into account the control measures in place.

Current Impact: 3
Current Likelihood: 3
Current Risk Score: 9
Risk Level (Current): High risk

[Click here to use the risk matrix for guidance.](#)

Rationale of current risk score
For formal committee reporting. **Maximum characters: 1500**

Under the new opening times for MIU, coupled with the recruitment drive in November 2024, all substantive shifts will have GP cover, unless annual leave or sickness.

Acutely unwell patients would require a referral to the Medical On Call team which could delay treatment and compromise patient care.

Temporary 6 months closure of MIU from 1st November 2024.

To review in January 2025 just to ensure that all contracts are in place.

What is the tolerance score for this type of risk, based on the domain?

6

[Please click the question mark above for guidance on the tolerable risk score.](#)

Risk decision
If the risk is over tolerance, you must take action to treat the risk, i.e. develop a risk action plan below.

Treat

If the risk is within tolerance, you may not need to take further action, i.e. tolerate the risk.

Risks which are at or below the agreed Health Board tolerance level are approved by the management lead. Any risks which exceed the Board agreed tolerance level but are being

tolerated require authorisation by the relevant Director.

Risk level accepted by Board

The acceptance of risks above their agreed Health Board tolerance level require approval as follows, dependant on level of the risk:

Corporate risks need to be accepted by Board
Directorate level risks need to be approved at Board level committee and relevant director
Service and specialty level risks need to be approved by the Directorate lead

Date of Decision

Target Risk Rating

Evaluate the **TARGET risk rating**

This is the ultimate level of risk you are trying to achieve when the actions are put in place.

Click [here](#) to use the risk matrix for guidance.

If after developing your Risk Action Plan you believe that the target risk score will be above the tolerance level for this type of risk, the Board will need to be asked to accept the level of risk via committee reporting.

Please contact the Head of Assurance and Risk for further guidance.

Target Impact: 5

Target Likelihood: 2

Target Risk Score: 10

Risk Level (Target): High risk

Risk Review & Monitoring

Risk theme(s)

You can select as many themes as apply. If no themes apply, then please select not applicable.

Business continuity/service disruption

Finance

Fragile Services

Patient safety

Workforce

Lead committee or sub committee

Quality, Safety and Experience Committee

COVID-19 Command and Control

Local management group

Carmarthenshire System QSE

Date of review

12/12/2024

Please input today's date

Date of next review (dd/MM/yyyy)

12/02/2025

Extreme risks (15-25): Monthly

High risks (8-12): Bi-monthly

Moderate risks (4-6): Six-monthly

Low risks (1-3): Annually

Last updated

12/12/2024 14:13:06

Risk Action Plan

Please specify actions to address any gaps in the control of this risk. Actions should be taken to reduce the likelihood of the risk materialising, and/or mitigate the impact if it does.

Actions specified must be SMART: Specific, Measurable, Achievable, Realistic and Time-bound.

After creating and updating the actions, please check the Target Risk Rating and ensure that it equates with the actions you have agreed.

Type	Additional Risk Action Required	By Whom	By When	Reporting/Monitoring requirements	Progress Update on Risk Actions
	New recruitment drive into GP post. Bespoke job plan has been created and has been cleared by Panel.	Colin O'Sullivan	30/10/2024	31/12/2024	Temporary overnight closure for 6 months has meant we have reduced our amount of shifts to cover. Night Shift Doctors have been moved into day slots and recruitment drive has successfully recruited 4 Drs which will cover all day shift gaps from January 2025. No substantive gaps on the rota from Jan 2025.
	Audit Redirection Policy to determine effectiveness.	Colin O'Sullivan	31/12/2024		Completed

Datix Approval Status

Risk Team Only

To be completed by the Risk Team only.

Date of entry/escalation onto the Corporate Risk Register/Board Assurance Framework

Date of removal/de-escalation from the Corporate Risk Register/Board Assurance Framework

Reason for removal from the Corporate Risk Register

Other Access

Other access

Communication

When you 'save' this risk for the first time, it will be added to your Service or Department Risk Register and a notification will be sent to the Directorate Lead and Executive Director to ask them to review this risk and consider if it should be added/escalated to the Directorate Risk Register or Corporate Risk Register.

Communication and feedback

Recipients

Message

Message history				Attachments
Date/Time	Sender	Recipient	Body of Message	
No messages				

Notepad

No progress notes.

Documents

Please upload any relevant documents that relate to the risk, e.g., the paper risk assessment.

No documents.

Linked Records

No Linked Records.
