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1	974	1a	12 13 14		14/11/2013	Inability to Deliver Home Birth Service	Current establishment staffing levels do not allow for an home birth service to be provided that complies with EWTD and lone worker arrangements. This is reducing women's choices on place of birth and a potential for adverse publicity, complaints and having a negative impact on the reputation of the Trust.	The home birth service has been suspended to ensure safe staffing on the wards	4	5	20	Nov 13 Reviewing how the Service can be delivered in consultation with staff	8	30/12/2013	Women & Childrens Services Group	Midwifery	Barbara James	Director of Operations
2	941	1a		TEP	29/11/2012	Failure to deliver the surplus for the required investments	If sufficient savings cannot be identified then the Trust will not be able to deliver the desired level of investment in infrastructure and services. Furthermore, the Trust may be unable to obtain an FRR3 rating from Monitor. Impact: Lack of investment in infrastructure and services. Additional scrutiny from Monitor.	Control process exists to support saving on programme delivery and key operational process re income / activity delivery and pay controls e.g. vacancy scrutiny panel. However the Trust has submitted the budget and these controls do not secure mitigation to deliver a surplus. they only give assurance that financial governance is in place.	5	4	20	July 2013 PWC have been engaged to review the rigor of current financial plans including long term financial sustainability and exploring potential additional saving opportunities. August 13 no change in status. September 2013 - Review due to be presented October 2013. **Nov 13 Forcast for deficit of £10m will be underpinned from the DOH. Recovery plans have yet to ID return to financial balance**	10	01/12/2013	Trust Wide	Finance	David Stonehouse	David Stonehouse

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3	926	2b i 2b iv 2b v	11	RISKAS	03/09/2012	Potential for significant IT outages causing severe disruption	Both Cisco catalyst 6509 Core network switches are end of life meaning that should a failure/problem occur, Cisco and its partners will no longer guarantee being able to resolve the problem. Any outage could be lengthy (days possibly weeks) and could cause catastrophic disruption to Trust's IT infrastructure and business processes causing all departments to revert to business continuity plans and paper-based systems and possibly temporary closure of hospital to any admissions/procedures/consultations.	Ensure current software is managed and monitored effectively. Ensure on 24/7 3rd party support contract. Develop BCP's	5	4	20	Sept 13 Network refresh/telephony upgrade to deliver a) Network Refresh, b) Telephony upgrade, c) site-wide wireless network and d) new data centre has been put on hold whilst requirements, benefits and costs are reviewed by ICT/Trust. Business Case to support immediate stabilisation of existing infrastructure whilst confirmation of future requirements is determined to go to F&I in September 2013. Oct 13 OBC approved in principle by TEC in Sept'13 - funding being identified	3	01/12/2013	Patient Services, Performance & Informatics	Information Management and Technology	Mike West	Michael Brown

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4	969	1a	4 6 10 11		11/09/2013	Winter Planning	Delay in the introduction of Healthcare at Home virtual bed model. (30 - 40 beds) in addition to the pace of internal change to reduce length of stay and bed occupancy will result in cancellations of elective surgery, long waits for emergency admissions, medical outliers (patient safety risk) and deteriorating efficiencies.	The Trust is in negotiations with a private provider who has already appointed a project manager and should be able to supply 10 beds by January 2014. In addition, the CCG are commissioning additional community services from the local Community Trust which may be available from Dec 2013. Winter capacity planning in progress.	5	4	20	Negotiations are continuing with the CCG. Nov 13 Agreement has been reached with the CCG; however, there will be a slight delay in delivery due to recruitment. The aim is to supply a virtual ward by mid Jan 14.	9	01/12/2013	Trust Wide	Trust Wide	Cursty Pepper	Director Of Operations

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5	964	1a	4 13		12/08/2013	Lack of surgical pre-assessment staff resulting in decreased service.	Long term sickness amongst the nursing staff, underfunding and lack of FY (with a significant impact from August 2013) has led to a much reduced pre-assessment service for surgical patients. Some elective lists are not being fully utilised due to lack of pre assessed patients, and the number of patients cancelled on the day has increased. This has resulted in a decrease in elective activity and thereby reduction in income for the Trust. There is a reduction in quality of the pre assessment service due to the use of bank staff who do not have the recommended training. This is not in keeping with best practice guidelines (NICE, RCA, AAGB) and does not meet G.P. expectations or the patients needs. It is anticipated that this will have a negative effect on the Trusts reputation. Approximately 100 patients need to be reassessed weekly in order to maintain efficient theatre utilisation. The current capacity with the present available staff is just over 50 leaving a considerable shortfall requiring the use of bank staff and other contingency measures.	Emergency short term measures utilising Consultant Anaesthetist and Matron cover were put in place for two weeks which reduced the backlog by 80 patients. This is not sustainable. On a daily basis attempts are made to cover shortfalls in the service with bank staff.	4	5	20	October 13 3 permanent staff members have been recruited and will commence phased employment between November 2013 and January 2014. This will gradually reduce the need for bank nursing staff, though they will still be needed in a vastly reduced role to cover for the new recruits whilst they go for day release courses at UEA. The on-going need for FY cover in pre-assessment should significantly reduce by spring 2014 by which time 2 of the nurses should have passed prescribing courses and they should be no longer be required at all by spring 2015 when all the pre-assessment nurses should have passed a prescribing course	8	01/01/2014	Surgical Services Group	Surgical Assessment Unit	Sue Abdy	Director of Operations

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6	947	1a	13		13/02/2013	Reduced Staffing Levels on general adult in -patient wards	Due to vacancies (60), maternity leave and sickness, general inpatient wards are regularly below planned levels. Wards should run on average Registered Nurse 1 to 8 patients in the day and 1 RN to 11 patients at night. Currently wards are running at 1 nurse to 9 in the day and 1 to 12.3 at night on average. Registered staff are stretched and unable to deliver all necessary direct care needs. This is leading to increased complaints, reduction in nursing indicators and risk of falls and pressure ulcers is increased. Linked to the following staffing risks 950, 932, 939. Aug 13 Aug 13 we are not maintaining 8:1 and 11:1 staffing ratios on all areas consistently	Agency staff usage has been agreed - booking on-going for key areas, A multi-disciplinary 'Task and Finish Group' has been established to explore and develop a range of 'immediate' and longer term initiatives aimed at addressing the impact of increased turnover at registered nurse level. Senior nursing staff/management, HR, Finance and Communications are working closely. International and national recruitment is ongoing.	4	5	20	**Nov 13 Staffing levels are now in line with RCN recommended 1:8/1:11 ratio and these levels are now consistenly maintained. The Trust is out to recruitment to ensure that the levels are sustainable in the long term. 1st Nov 13 all 33/34 bedded wards now down to 32 beds to ensure correct ratio's maintained.**	8	01/12/2013	Trust Wide	Trust Wide	Cursty Pepper	Director of Operations

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7	927	2b iv 2b v	11	IR	03/09/2012	Potential for significant disruption to Trust communications	Cisco Callmanager IP Telephony system hardware and software version is end of life with no further development patches or bug fixes to be provided by Cisco meaning that should a problem/failure occur, Cisco and its partners will no longer guarantee being able to resolve the problem. Any outage could be lengthy and could cause significant disruption to Trust voice communications as approximately 25% of the Trust's telephones are IPT-based, including areas key to Trust operations, i.e. BMC, Tilney, Admin.	Callmanager is included on 24/7 support contract. Analogue phones still available in most areas as backup. Radios also available.	5	4	20	Sept 2013 Network refresh/telephony upgrade to deliver a) Network Refresh, b) Telephony upgrade, c) site-wide wireless network and d) new data centre has been put on hold whilst requirements, benefits and costs are reviewed by ICT/Trust. Business Case to support immediate stabilisation of existing infrastructure whilst confirmation of future requirements is determined to go to F&I in September 2013. Oct 13 OBC approved in principle by TEC in Sept'13 - funding being identified	3	01/12/2013	Patient Services, Performance & Informatics	Information Management and Technology	Mike West	Michael Brown

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8	929	2biv 2bv	11	RISKAS	03/09/2012	Potential for "access layer" network hardware to fail causing severe disruption to IT	The majority of Cisco "access layer" network hardware is end of life meaning that should a failure/problem occur, Cisco and its partners will no longer guarantee being able to resolve the problem. Any outage could be lengthy and could cause significant disruption to Trust's IT infrastructure causing departments to revert to business continuity plans and paper-based systems.	Older equipment moved to less critical "edge" of network.	5	4	20	Sept 2013 Network refresh/telephony upgrade to deliver a) Network Refresh, b) Telephony upgrade, c) site-wide wireless network and d) new data centre has been put on hold whilst requirements, benefits and costs are reviewed by ICT/Trust. Business Case to support immediate stabilisation of existing infrastructure whilst confirmation of future requirements is determined to go to F&I in September 2013. Oct 13 OBC approved in principle by TEC in Sept'13 - funding being identified	3	01/12/2013	Patient Services, Performance & Informatics	Information Management and Technology	Mike West	Michael Brown

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10	392	1a	10	RISKAS	02/05/2006	Pre-cast concrete construction of building is showing signs of deterioration.	Pre-cast concrete construction of building is 30 years old, only designed to last 25 years. The structure is showing signs of deterioration. Potential risk to service delivery and safety of patients staff and public. Jan 2012 survey report identifies further movement.	Additional monitoring has been implemented in key areas identified as week points.	4	4	16	Feb 13 Further survey required and now awaiting cost of a further survey. March 13 Full Survey Cost received and being incorporated into the 2013/14 Capital Programme. July 13 Funding for indepth survey agreed. Capital funding under further review. July 2013 meeting taking place on the roof survey 25/7/13 results expected by end of September. S**eptember 13 The survey work has commenced and the report is due for review by January 2014.**	8	01/01/2014	Estates Department	Estates	Estates Manager	David Stonehouse

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11	972	1	16	RISKAS	31/10/2013	Insufficient Resources to Comply to to CQC improvement Notice	There is a potential to not be able to I provide a sustainable recovery plan to the CQC enforcement notice regarding assessing and monitoring the quality of service provision due to a lack of capacity in the organisation to investigate / follow up incidents of moderate harm and above, in a robust way and to measure the effectiveness of learning. The number of incidents has increased by 100% over the last 12 months, in addition, the CCG are encouraging GP's to raise issues of concern that in the main also require looking into / investigation. There is insufficient capacity in the Patient Safety Department and the Divisions to adequately undertake this responsibility	Policies and procedures for investigation are in place. Training on RCA is delivered	4	4	16	Lead for Patient Safety post is out for advert. Updating of policies and procedures is underway	8	01/12/2013	Patient Safety	Trust Wide	Deputy Director of Patient Safety	Director of Patient Safety / Medical Director

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12	968	1a 5	11	IR	11/09/2013	Anaesthetic monitors failure resulting in patient harm	Patient monitoring during elective/emergency surgery in main theatres and central delivery suite is provided by 7 GE monitors that are attached to the Primus anaesthetic machines. They were due to be replaced more than three years ago but due to budget restrictions this was differed. The monitors are now failing regularly, resulting in patient safety issues. There , have been 2 failures within the last 4 months resulted in the display screens failing during surgery, putting patients at risk. These monitors have now been taken out of commission permanently which leaves the department without a spare monitor. Any further failures will necessitate list cancellation. We have been advised by EBME that further failures are inevitable, As well as posing a patient safety risk due to the possibility of failing during use, they also no longer retain clinically appropriate alarm settings, but default to "factory settings". These alarm limits are non clinical, posing additional patient risk and fail to comply with minimum monitoring standards as per AAGB&I guidelines for standards of monitoring during anaesthesia and recovery 2007.	This problem has been managed by using equipment from the spare anaesthetic machines but this is no longer feasible due to all the spares being in use.	4	4	16	Sept 13 Divisional Director preparing a business case for capital funding to replace the equipment. **Nov 13 awaiting Critical Care to confirm requirements before completion of business case** **Quotes already received from Main Theatre and DSU requirements.**	2	01/12/2013	Theatre Services Group	Main Theatres	Divisional Director Elective	Director of Operations

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13	909	1a	8 10 11	DRR	16/05/2012	Potential for breakdown of washer disinfectors in sterile service resulting in severe disruption to service	The tunnel washer is no longer compliant to the new standard CFPP 01-01 part D temperature and time parameters requirements , The machine is over 11 years old,and has caused floods within the unit due to leaks and other issues. Replacement parts are now obsolete, the machine is presently used for transport boxes decontamination , however if required it has to be used as a back-up contingency to the two other machines within the unit , this issue is putting additional pressure on the other machines , if the other machines are out of service for prolonged periods , then there is a potential for partial service closure resulting financial cost pressures and an inability to deliver KPI's to internal and external customers.	Contingency plans in place for short term disruption. Regular monitoring and regular servicing of the equipment	4	4	16	September 13 awaiting progress report. **November 2013 - the machine has been on the theatre service group capital plan, but due to the present financial situation is competing with several other priorities.**	8	01/12/2013	Theatre Services Group	Sterile Services	Divisional Director Elective	Director of Operations

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14	931	2b v	11	TEP	08/10/2012	Failure to Utilise Patient Centre to its full capacity will result in a failure to develop real time data systems further	"Patient Centre" project is the enabler for additional IT solutions which will improve patient tracking / patient flow processes; data quality; timeliness of reporting; and in turn income. Failure to engage all staff in the use of Patient Centre software will result in an inability to record realtime data which will affect improvements in patient flow, and realisation of POD 19.	At present many staff are trained to use PAS but only a small percentage of staff utilise this fully. The bed management and whiteboard functionality within Patient Centre will be piloted on 1 ward (Elm) as a first step towards real time data recording.	3	5	15	July 13 Plan in place to support administration staff for a 24/7 service. Staff to be based centrally and record admission, discharges and transfers in real time. this is cross referenced with the Deanery Action plan lead by Dr Douds and Dr Blunt. September 13 No change	6	01/11/2013	Patient Services, Performance & Informatics	Information Management and Technology	Mariza Wilson	Michael Brown

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15	965	1a	13	RISKAS	14/08/2013	Lack of Trained Nurses on Rudham to cover inpatient, outpatient and PAU	Lack of trained staff on Rudham ward (3 x WTE vacant and 1.5 on maternity leave). Unable to maintain staffing levels as recommended in guidelines	Staffing consistently being reviewed. Daily changes of staffing to cover all areas safely. Untrained staff with paediatric competencies replacing trained nurse. Paediatric specialist nurses ask to work a shift a week on the ward. PDN undertaking clinical shifts. Trained bank nurse posts advertised	3	5	15	Aug 13 - Posts to be advertised in a timely way, posts which have been offered and are awaiting security checks should be processes swiftly. PAU requires extra staffing (Business Case). Sept 13 one candidate for interview week commencing 16th September and 2 more posts advertised. **Nov 13 - beds on Rudham have been closed at night in line with numbers of available nurses until recruitment is complete.**	9	31/12/2013	Women & Childrens Services Group	Paediatrics	Beth Shannon	Barbara James