Joined-up risk management

NHS Providers - GOVERNANCE CONFERENCE 2023

Professor Steve Hams MBE
Chief Nursing Officer
North Bristol NHS Trust
The fabulous 5
The problem

- Ambulance handover delays consistently in the worst 10 NHS organisations in England.
- Over 139 hours of ambulance time lost per day.
- Average LoS in an ambulance 10 hours.
- Poor Cat 1 and Cat 2 performance for BNSSG.
- Patient harm ++
- Patients dying in the community.
- Demoralised ED clinical team.
- Normalised organisational problem.
- Impending heatwave 19th July 22
The idea

- Ambulances must not queue for longer than 120 minutes.
- One patient will be moved from ED to AMU every hour and one patient to AFU every two hours continuously over the 24-hour period (irrespective of bed availability).
- Every hour between 0800 and 2000, 2 patients from AMU and 1 patient from AFU will be transferred to the wards. By 2200 every evening AMU should ensure that there are 10 empty beds and AFU should have 5 empty beds.
The journey

- Effective identification of ENTIRE pathway risk.
- Recognise uncertainty and manage complexity.
- Psychologically safe teams and systems.
- Permission, Power and Praise.
- Improvement must be clinically owned and led Trust the ‘direct care team’.
- ‘system’ and regional air cover.
- Board oversight
- Achievable goals.
- Visibly lead and celebrate.
- National A&E Dashboard – beautiful information!
Continued assessment of risk
<table>
<thead>
<tr>
<th>Appetite</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Avoidance of risk is a key organisational objective</td>
</tr>
<tr>
<td>Minimal</td>
<td>Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential</td>
</tr>
<tr>
<td>Cautious</td>
<td>Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential</td>
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<tr>
<td>Open</td>
<td>Willing to consider all potential delivery options and choose while also providing an acceptable level of reward</td>
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<tr>
<td>Seek</td>
<td>Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk).</td>
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<td>Significant</td>
<td>Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust.</td>
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Key lessons

- Context is everything.
- Psychologically safe teams and systems.
- Permission, Power and Praise.
- Improvement must be clinically owned and led – triumvirate (COO, CNO and CMO).
- Assess the risk and instigate dynamic mitigations.
- Trust the ‘direct care team’
- Listen to patients - surveying ‘boarded’ patients
- Achievable goals, don’t let ‘perfection be the enemy of progress’.
- Visibly lead and celebrate.
- DATA, DATA, DATA!
- Don’t stop 48 – 72 hours to recover
- Unrelenting focus on ambulance handover delays by the entire organisation.