Local Ref No: _____

Belfast Health and Social Care Trust

GENERAL RISK ASSESSMENT FORM AS REQUIRED BY THE MANAGEMENT OF HEALTH & SAFETY REGULATIONS (NI) 2000 as amended

Facility/Ward/Department: **Child Health & NISTAR**

Assessment Completed By: Karl McKeever & Trish McKinney & Mano Shanmuganthan, Ciaran Bradley, Kim Kelly

Date: 6th March 2024 (updated 15th March 2024; 22nd March 2024)

Brief Description of activity: The Paed GI service is facing significant workforce pressures related to team conflict and staff shortages which has created a risk to the service's sustainability and a reduction in the services available.

Description of Hazards	Persons affected by the Work Activity and How	Existing/ proposed controls	Likelihood	Severity / Consequence	Risk Rating
The GI team continue to face significant team conflict and are currently in receipt of facilitated mediation	Patients, GI team,	The mediation team keep the management team updated on any risks arising to the service from the process.	3	4	High

Concerns have been raised in relation to a Locum GI Consultant's practice and communication skills in the Paediatric GI team. Further concerns were raised by the Post-graduate Tutor and by an Educational supervisor that the current GI ST was experiencing a very poor training experience as a result of the Locum Consultants unpredictability around timeliness, actioning of decisions, inappropriate delegation of tasks, failure to complete tasks	Patients GI team All other paediatric specialties	**1. Patient results must be reviewed and signed off.** Clinical lead to work with GI team to review the notes and the un-signed results to make sure there are no missed outcomes for patients. All outcomes will be followed up as appropriate and communicated to families. **2. Locum Doctor will be given 2 weeks' notice.** Locum agency to be informed of situation. Chair to seek advice from MD re other professional responsibilities in relation to the Locum doctor. (Completed) **3. Actions to reduce impact of Locum leaving on GI service** GI team to identify the work that only they can do. CD to update Paediatric medical and Paediatric surgery & explore mitigations CD/ SM to speak with Dublin GI team and GI teams in UK to identify if they can assist with on call. CD/SM to review ability to use IS for scopes. Can we increase GI nursing team input to the team? **4. Actions to support trainee** Discussion with trainee and educational supervisor to determine level of support. Consider discussion with Deanery re review of service.	2	4	high

NOTE: This is already a vulnerable service with team members currently in mediation with an outside agency with regard to team conflict with several open complaints between staff members regarding conduct and communication					
Description of service from 25th March		**Mon-Fri in hours service**- a consultant led service will continue for all of the in hours Monday –Friday period. The current consultant of the week model will require a review given the reduced workforce. Due to reduced number of GI consultants there will be occasions, i.e. -leave, unexpected sickness, where there will be only one consultant on site, with a risk of zero cover in event of unexpected leave. **Out of hours medical cover** GI patients will be managed out of hours by the Specialist trainee (ST) on call for tertiary services commencing from 25th March 2024.	4	4	High

		The Dublin GI team will continue provide out of hours consultant advice by phone after 5pm Mon-Friday and at weekends and BH. Paediatric Medicine have supported this arrangement to this point but have highlighted concerns arising from the increased frequency resulting from the departure of the locum consultant. In order to address the service will supplement the Consultant paediatric medicine rota to provide an on call service by locums to provide senior advice out of hours and on-site support (9-1pm weekend and BH) The RBHSC GI Consultant will provide on-site weekend cover from 9-1pm to manage in patient activity on 1:4 basis (with BH pro rata). The service will explore if the second GI Consultant is available and fit to provide this weekend on site cover. **Out of hours nursing cover** The service will explore additional on-site/ on call nursing cover in the out of hours, weekends and BH. Limited availability due to the volume /increase in Biologics being delivered in Programme Treatment Unit to IBD patients. Lead Nurse to explore options. (Sept 2024) **Management of locum workload** Service to reallocate locum workload			

Description of Service **16/09/2024** **14/11/2024** **16/12/2024**		**Monday- Friday** Alder Hey Gastroenterology team covering Monday- Wednesday and on-call. When Dr L is on for COW they will also cover on-call Thursday and Friday. Dr M returning mid September – whenever she is COW she will be covering Thursday, and Friday until mid November/December Dr E – will be covering on-call at weekends plus daily weekly work. Up to November/December he will have support from Alder Hey – virtual/telephone over the weekend. Eventually Dr M will provide second on call cover for Dr E. No Alder Hey cover required during Dr M Service Week. Alder Hey on-site Monday – Wednesday for Dr E and Dr L. Remote cover from Alder Hey Thursday, Friday Saturday and Sunday. Dr E Service Week to be covered by Dr M (second on call) Remote cover for Dr L continues to cover on-call Clear rotas to be constructed for Consultants on call.			

17/01/2024		If unforeseen leave occurs within the team ? Alder Hey to provide cover. **<u>Description of Service</u>** **Medical:** Only 1 Permanent Gastroenterologist available, 1 Vacancy currently being recruited, 1 permanent off sick. 1 Locum Paediatric Consultant with experience in Gastroenterology however requires support for on call. Alderhey support finishing at end of December. Approach made to Dublin to provide out of hours cover to support remaining Gastroenterologist SLA in place from Jan 2025 for weekend on call cover from Dublin Locum Gastroenterologists have been approached and are being confirmed for fulfilment of rotas up to February 2026 **Nursing:** Currently 1.0 wte Specialist Nurse off sick - ? returning within the month. (April 2025) 0.8 wte reducing back to 0.5 wte (FSL) by end of month. Nursing team in full capacity (Sept 2025)			

Management of Upper GI bleed		Rare 2-3 per year requiring urgent scope In hours: GI consultant will lead on stabilisation and OOH Paediatric Medicine will attend and stabilise patient. The patient may also require input from Paediatric ED, paediatric Surgery &/or PICU team as required. Refer to Management Of Acute Gastrointestinal Bleeding - BSPGHAN & Sheffield scoring system Is there GI cover in RBHSC with scoping cover? YES: Scope in RBHSC NO : Transfer out (Dublin, Birmingham) The service will liaise with NIAS and NISTAR re: transfer of these patients.	3	5	High
Endoscopy services		Emergency / highly urgent/ GI bleeding endoscopy see above Routine and semi urgent endoscopy (New IBD patients & surveillance scopes) Service to identify if IS is an option maybe only for urgent cases? Service to explore if Paediatric Surgeons can undertake OGDs (WLI) Transfer out?	3	4	High

Outpatient services		Until 1st Sept 2024, GI Consultants will not be expected to deliver OPD clinics when on service. This will facilitate the validation & prioritisation of endoscopy and clinic lists (urgent new and review) and provide time for mediation work. 17/01/24 – To allow Dr M to validate endoscopy private sector lists, some work will need to be postponed until Locum Consultants arrive The GI service will have to consider how to rationalise new routine patient referrals. Consideration to be given to extra clinics for urgent patients only (WLI) Need to give guidance regionally and need to give admin, nurses guidance re where and who should be seen and when	3	4	High
Management of current in patients		Ownership of patient's needs to be clarified; how to manage and who manages them? Plan – Dr M returns from Maternity (Mid Sept 2024)– takes on her own caseload (Handover from Dr K – Locum) - Dr L managing her own caseload 17/01/24 (Locum Consultants to take over Dr L patients) - Dr E to take Dr R's patients (Leaving Sept 2024) All Gastroenterology patients and patients whom other specialties ask for consult from Gastroenterology should have named Consultant. (As per IRHD recommendations (Sept 2024)	3	4	High

		Service needs to review plan for IBD patients. Service needs to review how the cross covering of Nutritional support team and pharmacy. (possibility of giving advice but won't be prescribing PN on wards for non GI patients) Scoping to occur to employ a PN Specialist Nurse (Sept 2024) Service needs to plan for Infliximab care pathways split between consultants and juniors.			
Governance arrangements	Paediatric Medicine Paediatric Surgery Other hospital clinicians as necessary.	The Trust recognises that the on call Consultant Paediatrician who may be required to provide out of hours care for a GI patient is not a Gastroenterologist. Urgent and emergency care provided by the consultant paediatrician will be commensurate with that expected of a Consultant Paediatrician. The Trust also recognises that the on call consultant surgeon who may be asked to assist in the emergency care of a patient with a GI bleed will not be expected to provide care commensurate with that of a Gastroenterology Bleeding rota Consultant and may not have had recent experience in the emergency care of such a patient. The trust will only expect clinicians to act within their own competencies and will support them in this action.	3	4	high

		Trust indemnity for care will apply. Having explored all other available options, the Trust is currently unable to put in place on site consultant gastroenterology cover for the current described gaps. However, a recruitment exercise is underway to address this risk.			
DGH support	DGHs	Engagement with DGH paediatric teams is being progressed via the Child health partnership to ensure governance arrangements and clinician support in place during the current crisis,	3	4	high
Training		Is training viable in Belfast?			
Peer review		RCPCH invited / peer review			

Action Plan

Sources of Information / Persons Consulted	Further Action if necessary to control the Risk	Person/s responsible for Co-Ordinating implementation of the Action.	Recommended Timescales	Date Completed	Revised Risk Rating

Director Deputy Chief Executive Medical Director SPPG	Situation needs to be discussed with Executive team SPPG needs to be alerted to the increasing vulnerability of the service. Reported current vulnerabilities to SPPG (07/01/25) Discussions with wider site required (Paediatric Medicine/ Paediatric Surgery/ Paediatric ED/ PICU)	COD, Co-Dir.	Immediate	15.3.24 7.01.25 21/3/24	High
	GI patients will be managed out of hours by the Specialist trainee (ST) on call for tertiary services. Service to discuss with trainees and make changes to trainee rota.	COD/ CD/ Co-D/ SM Medical admin			
	The Service will confirm arrangements with the Dublin GI team Network Manager – approached Dublin – awaiting response	COD/ CD/ SM		Jan 25	High
	The service will supplement the Consultant paediatric medicine rota to provide an on call service by locums to provide senior advice out of hours and on-site support (9-1pm weekend and BH)				
	Discussions with RBHSC GI Consultants re: new working arrangements. These will be in place until 1st September or when the 3rd Consultant resumes from ML				

	Jan 2025 Discussion with remaining Permanent Gastroenterology Consultant re rota management and securing Locums. Dr L to be approached to determine length of sick leave September 2025 – Further Clinical Fellow with interest in GI to be appointed. – Supported by the Commissioners (total of 2)			Jan 25 By end of Jan 25 By end of October 2025	High High
	The service will explore additional on-site/ on call nursing cover in the out of hours, weekends and BH.				
	Service to reallocate locum workload			Feb 25	
	The service will liaise with NIAS and NISTAR re: transfer of patients to Dublin if required				
	Service to identify if IS is an option maybe only for urgent cases?				
	Service to explore if Paed Surgeons can undertake OGDs (WLI)			Ongoing – limited	

				Anaes. cover	
	Service needs to review plan for IBD patients. Service needs to review how the cross covering of Nutritional support team and pharmacy. (possibility of giving advice but won't be prescribing PN on wards for non GI patients) Service needs to plan for Infliximab care pathways split between consultants and juniors. Jan 2025 Gastrointestinal Position Paper with options for securing stability and future proofing the service			Ongoing End of Jan 2025	
	Continue with the Medical Mediation			Completed Nov 2024	
	DGH support				
	Training				
	Peer review				
	Future planning of service			Jan 2025	

Please ensure that you:

1. Communicate this risk assessment with the staff and others affected by the work assessed.
2. Monitor the implementation of any further action identified.

3. Monitor the continued implementation of existing controls.

4. Revise the Risk Rating when additional actions have been implemented.

5. Retain this Risk Assessment in your Health & Safety Policy & Documentation folders.

6. When further action has been identified it is good practice to set a

7. Review your risk assessment at least every two years or more frequently if required.

date shortly after measures are likely to be implemented. This will

In certain circumstances it will be necessary to undertake a new assessment eg. following an Accident/Incident, new legislation/guidance/best practice, changes in work activities/location, new hazards/activities identified.

enable you to assess their effectiveness in reducing risk.

KEY TO RISK RATING: Likelihood x Severity/Consequence = Risk Rating

Likelihood	Severity / Consequence	**Risk Rating**	
1 Rare	1 Insignificant	**Low Risk**	**(Green)**
2 Unlikely	2 Minor	**Medium Risk**	**(Yellow)**
3 Possible	3 Moderate	**High Risk**	**(Amber)**
4 Likely	4 Major	**Extreme Risk**	**(Red)**
5 Almost Certain	5 Catastrophic		

(See Risk Management Strategy on Belfast Trust Intranet for Risk Rating Tables)

Line Manager Signature : Caroline McCloskey **Date: 17/01/2025**

Initial Review Date: 28/02/2025

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