

Trust Board

TB2008.56

From: Mrs Elaine Strachan-Hall, Director of Nursing & Clinical Leadership
Date: July 2008
Subject: **Trust Key Risks**
For: **Decision**

Synopsis

The Executive Board has reviewed the Trust's 'top ten' risks, drawn from the risk registers from all areas of the Trust. A total of 16 registers were reviewed; any risk scoring over 16 – a red risk – was included within the review. As a result, a number of risks have been removed from the Trust Register, and new risks have been added after their identification and assessment.

The Executive Board undertook a further review to provide the Board with the 'Top Risks'; risks that, if not mitigated, could compromise the activities of the Trust and its strategic aims. The grouping took account of individual risks and also risks already included within the Board Assurance Framework (BAF) and the Integrated Business Plan now being prepared. It is proposed that these top risks (which are referenced to both the Trust Risk Register and the BAF) are reviewed regularly by the Board.

Financial, legal and risk impact

The management of risks to the ORH's aims and objectives is of the highest importance. Monitor assesses the performance of FTs on a risk basis; regular review by the Board will support the management of risk and ensure that due attention is paid to strategic risks at the highest level.

Trust Key Risks July 2008

Patient safety including HCAs and privacy and dignity	Horton Hospital and sustainability of clinical services
Pressures on PCT finances and hence income pressures for ORH	Expenditure and cost pressures across all areas
Cost improvement programme to be monitored and delivered	Cancer Centre opening and commissioning
Operational capacity and performance (staffing, access, capacity)	Lack of investment and capital (particularly for backlog maintenance, environmental improvements and health and safety)
Reputation	Academic Health Sciences Centre

Ref	Risk theme & TRR ref	Risk Score	Specific issues	Lead	Key actions and monitoring	Date of next review
RR1	Patient Safety	20	Management of HCAI - MRSA and Cdiff	JM	Annual Work Plan to TB for approval with subsequent ward to board activities	July 2008
	001		Hygiene Code (HC)		Update report on HC to TB	July 2008
	010				Bi-monthly HIC meetings	
	011				Directorate and divisional reports and Matrons' reports	
	017					
	018		Privacy, dignity and confidentiality	ESH	TB review on mixed gender accommodation	July 2008
	031	End of life care	Continued monitoring of operational activities to maximise gender separation			
	032		Matrons' Reports			
	068					
	077		CD Compliance	ESH	Restatement of CD policy and spot checks by Matrons	September 2008

Oxford Radcliffe Hospitals

Ref	Risk theme & TRR ref	Risk Score	Specific issues	Lead	Key actions and monitoring	Date of next review	
	079	25			and outcomes included in Matrons' reports		
	080			NPSA Drug alerts and medicines management	ESH/J M	Specific plans in relation to each alert. Annual report on medicines management Medicines Advisory Committee to oversee activities Report to Governance Committee	September 2008
				Decontamination Trust wide and at ward/departmental level	IH/KS JM (link to HC)	Decontamination policy updated and circulated Specific reminders in relation to required actions for cleaning and decontamination of ward/departmental equipment Report to TB on response to Hygiene Code Inspection	April 2008 June 2008 July 2008
				Non compliance in production of radiopharmaceuticals	AM	Detailed plan in place to achieve compliance at JR and Churchill	September 2008
				Learning from SUIs, incidents and complaints and failure to agree plan to achieve NHSLA level 2	ESH/J M	Monthly directorate review and reports through the Divisions. Quarterly Quality reports to Governance Committee Incidents, comments and complaints Annual Report on Comments and Complaints Customer care plan and patient and public engagement plan - monitoring through Governance Committee	July 2008 September 2008 July 2008 September 2008
RR2	The Horton Hospital 002			Sustainability of paediatric and maternity, gynaecology and anaesthetics services	AM	Steering group in place to support work led by Oxfordshire PCT Board review	

Oxford Radcliffe Hospitals

Ref	Risk theme & TRR ref	Risk Score	Specific issues	Lead	Key actions and monitoring	Date of next review
			Public and stakeholder engagement and confidence	ASt	Engagement with key stakeholders, including Cherwell Council, local GPs and patient groups	
RR3	PCTs' financial pressures 020 021 023 025	25	Income shortfalls compromise service performance	CH	Weekly updates to Executive Board Regular meetings with Oxfordshire PCT and other key commissioners. Income Board in place Income reports included within finance reports Monitoring monthly by F&PC and TB	July 2008
			Demand management by PCT and GPs insufficient	CH	As above Clinical engagement in meetings with PCTs	July 2008
			Coding and data quality compromises ability to support activity	ASt	Robust sign off process for data at end of each quarter. Data Quality Board and other review processes in place	July 2008
RR4	Cost Improvement programme 027 073 074	16	Failure to deliver programme compromises financial position and rating for quality of financial management	CH/ AMu	Weekly executive/divisional monitoring Monthly reports on progress to F&PC and TB CIPs also included within the monthly finance reports	July 2008
			Impact on LTFM, IBP and FT application	CH/ ASt	Weekly FT Steering group meetings Weekly LTFM meetings Monthly reports on progress to F&PC	July 2008
RR5	Expenditure 024	16	Operational management and control of expenditure	CH	Monthly finance reports to all areas with overview finance report to F&PC and TB	July 2008
			Cost pressures (e.g. inflation and staff	CH	As above - details of I&E in each monthly report	July 2008

Oxford Radcliffe Hospitals

Ref	Risk theme & TRR ref	Risk Score	Specific issues	Lead	Key actions and monitoring	Date of next review
			costs)			
			Energy costs	IH	As above - energy reduction plan also in place	
RR6	Operational capacity and performance	20	Failure to meet emergency and elective access indicators	AMu	Daily, weekly and monthly monitoring in place F&PC and TB reports	July 2008
	005 006 016 028 033		Failure to meet other indicators (including those for diagnostics and those derived from patient survey) and hence compromise rating of at least good for quality and use of resources.	ESH	Monthly compliance updates for TB on core standards and indicators Robust action plans to follow up from patient surveys monitored through Governance Committee	July 2008 September 2008
	035 036		Recruitment: immigration and CRB	MG	Robust integrated recruitment check with external audit on whole process	October 2008
	037 038		Reliance on locum staff compromises patient safety and expenditure	MG	Improved recruitment plans as below to reduce reliance on locums	July/August/September
	040 041 044 045 064 065 066		Recruitment/staffing hot spots: PICU, theatres, specialist staff for cancer centre, cardiac services (single-handed consultants), pharmacy, obstetrics, ED (porters), spinal surgery, radiology Impact on clinical areas impinges on both patient safety and service delivery	Divs	Recruitment plans in place within specific areas monitored by Divisions routinely Links with PG Deanery for medical staffing plans Business cases for consultants within Divisions and to Executive Board	July/August/September
	067		Physical capacity shortfalls			

Oxford Radcliffe Hospitals

Ref	Risk theme & TRR ref	Risk Score	Specific issues	Lead	Key actions and monitoring	Date of next review
	069 070 071 072 077 078 079 081		compromise patient safety and service delivery including acute general medicine, ITU and HDU, renal and transplantation, theatres (esp. paediatric and transplant emergency and day surgery work)			
RR7	The Cancer Centre 054 057	20	Opening date slips and clinical services compromised	KS	Commissioning Board oversight and monitoring through to F&PC and TB Agreement now reached on dates for commissioning and movement of services.	July 2008
			Marketing plan not in place for additional income required	AS	Plan agreed and progress reviewed regularly with Cancer group and key commissioners Marketing framework to EB	July 2008
			PP marketing plan not in place	CH	Plan being prepared for agreement by Executive Board. Date agreed for move into new facilities at the Cancer Centre	September 2008
			Separation of clinical services; e.g. emergency and elective surgery	KS/JM	Clinical groups in place to plan	tbc
RR8	Shortages in capital for	16	Environmental deficiencies, e.g. Dermatology outpatients, chest unit	IH	Robust capital planning prioritisation process and regular review by TB	tbc

Oxford Radcliffe Hospitals

Ref	Risk theme & TRR ref	Risk Score	Specific issues	Lead	Key actions and monitoring	Date of next review
	investment 008		Failure to maintain and upgrade the estate	IH	As above	tbc
	009 013		Failure to meet statutory health and safety requirements (incl WRULDs)	IH	As above	tbc
	015 049 050 052		Lack of CRS compromises other current IT and paper systems (including the integrity of the health record)	VH	Discussions continuing and report to F&PC	July 2008
	053 063		Lab IT system required to ensure modernisation and linkages	AM	Business case to EB	September 2008
RR9	Reputation 061 062		20	Failure to achieve at least good in annual health check	ESH	Regular reports on compliance supported by collation of evidence in support to assure TB. Executive leads' responsibilities clarified and agreed by the Board
			Failure to achieve FT status	ASt	Steering group in place. Reports to F&PC and TB Consultation under way	July 2008
			Failure to deliver on customer care and patient engagement	ESH	Governance Committee to oversee progress of plans	September 2008
			Marketing strategy fails with clinical and commissioning community	ASt	Framework agreed and progress to be monitored through key commissioners	September 2008
			Failure to complete actions on HCC cardiac action plan	ESH	Monitoring in progress and actions to be completed by Autumn	July 2008

Oxford Radcliffe Hospitals

Ref	Risk theme & TRR ref	Risk Score	Specific issues	Lead	Key actions and monitoring	Date of next review
RR10	Academic Health Sciences Centre 074		Lack of clarity re criteria for designation	ASt	Continued engagement with University through Strategic Partnership Board	July 2008
			Failure to agree governance arrangements with University	ASt	As above	
			Stakeholder engagement including local trusts and PCTs	ASt/JM	As above and consultation meetings with clinical staff	September 2008
			University engagement in FT application process particularly in relation to governance	ASt	As above and consultation meetings with clinical staff	September 2008