

Trust Board meeting 20 November 2008

TB2008.84

Subject	Trust Key Risks			
Purpose of paper	To advise on the current position on the Trust Key Risks following review by the Executive and update since the Board's review in July 2008.			
Board Lead(s)	Mrs Elaine Strachan-Hall, Director of Nursing & Clinical Leadership			
Background papers (if any)	Board Assurance Framework and the Trust Risk Register Risk assessment and management procedure			
Action/decision required	The Trust Board to review the Trust Key risks, noting the actions now in place and to agree any other actions deemed necessary.			
Key purpose	Strategy	<u>Assurance</u>	Policy	<u>Performance</u>
Strategic Goal(s)	To be Hospitals of Choice (SG1) To be world-leading teaching hospitals and an AHSC (SG2) To achieve financial sustainability and long-term growth (SG3) To be an excellent employer (SG4)			
Strategic Objective(s)	All			
Links to: Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)	The Trust Key Risks are drawn from the Trust's Risk Register and are referenced to that. The BAF is also referenced to the Risk Register and the annual health check elements.			
Also considered by	Executive Board and individual executive leads			
Resource and financial impact	The resource and financial implications of individual areas of risk are managed by executive leads as part of the mitigation plans			
Consideration of legal/equality/diversity/engagement	The Trust Key Risks take account of these issues as required and are included within detailed mitigation			

issues	plans.
Acronyms and abbreviations used	BAF - Board Assurance Framework; AHC - Annual Health Check; HCAI - Healthcare associated infections; SUI - serious untoward incident; HC - Hygiene Code; CRA - care records service; ALE - Auditor's Local Evaluation

Trust Key Risks November 2008

1. The Trust Key Risks has been reviewed and updated after discussion with the Executive Leads for each area.

Patient safety including HCAIs 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 001 010 011 017 018 031 032 068	20	Management of HCAI - MRSA and Cdiff Hygiene Code (HC)	JM	Annual Work Plan approved by TB in July 2008 Annual Infection Control report to TB November 2008 HIC meetings every two months Directorate and divisional reports quality and risk reports Matrons' reports (also presented to HIC) Visit from DH and PM's delivery unit 11.11. 08 Preparation for 08/09 Hygiene Code inspection due in Q1 2009. Information to be submitted by 14.11.08. Hygiene Code Action Plan being updated prior to submission to HCC	November 2008 November 2008

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Ref	Risk theme & TRR ref	Risk Score	Specific issues	Lead	Key actions and monitoring	Date of next review
	077 079 080		Privacy, dignity and confidentiality End of life care	ESH	TB report on mixed gender accommodation Continued monitoring of operational activities to maximise gender separation Matrons' Reports	November 2008
			Controlled drugs compliance	ESH	Restatement of controlled drugs policy and spot checks by Matrons and outcomes included in Matrons' reports Roll out of learning points	January 2009
			NPSA Drug alerts and medicines management	ESH/JM	Specific plans in relation to each alert. Annual report on medicines management Medicines Advisory Committee to oversee activities Report to Governance Committee	December 2008
			Decontamination Trust wide and at ward/departmental level	KS/JM JM (link to HC) ESH IH	Decontamination policy review and update during November 2008 following appointment of ORH Decontamination lead. Decontamination Committee in place and chaired by Medical Director (DIPC). Meeting on 25 November 2008 to consider updated policy Specific reminders issued re actions for cleaning and decontamination of ward/departmental equipment. Follow up in January 2009 Business Case for Compliant Decontamination Service for Reprocessing Surgical Instruments at OBC stage; FBC to Trust Board and SHA in December 2008 Preparation for 08/09 Hygiene Code inspection due in Q1 2009. Information to be submitted by 14.11.08. Hygiene Code Action Plan being updated prior to	December 2008 January 2009 December 2008

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					submission to HCC	
			Non compliance in production of radiopharmaceuticals	AM	Robust monitoring in place. A Business Case has been accepted for centralisation of radiopharmaceutical production in the new Oxford Cancer Centre. Additional staffing will be required and recruitment is in progress.	December 2008
			Learning from SUIs, incidents and complaints and failure to agree plan to achieve NHSLA level 2	ESH/J M	<p>Monthly directorate review and reports through the Divisions.</p> <p>Quarterly Quality reports to Governance Committee</p> <p>Incidents, comments and complaints meeting</p> <p>Customer care plan and patient and public engagement plan - monitoring through Governance Committee</p> <p>Business case in preparation to resource NHSLA work programme</p>	December 2008
RR2	The Horton Hospital 002	25	Sustainability and safety of paediatric and maternity, gynaecology and anaesthetics services	AM	<p>HGH Interim Plan agreed by ORH Trust Board and Oxfordshire PCT in July 2008. Plan being implemented and monitored through Directorate and Divisional Boards.</p> <p>Steering group in place to support work led by Oxfordshire PCT.</p> <p>ORH representation on the Better Healthcare Programme</p> <p>Board review at regular intervals</p>	December 2008
			Public and stakeholder engagement and confidence	ASt	<p>Engagement with key stakeholders, including Cherwell Council, local GPs and patient groups</p> <p>Workshop held 3 November 2008 to strengthen engagement framework (including monitoring</p>	December 2008

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					mechanisms)	
RR3	PCTs' financial pressures 020 021 023 025	25	Patient activity above the agreed SLA is creating financial pressure for the Trust's main commissioner. This puts at risk both the Trust's short and medium term plans.	CH/AS	Activity Management Plan agreed and being implemented with Oxfordshire PCT Monthly monitoring by Income Board, F&PC and TB Chair, CEO and ED meetings held with PCT to agree additional actions Clinical leaders from both organisations meeting to consider further actions	November 2008
			Activity management plan fails to reduce activity to an affordable level for the PCT	CH/AS	Trust has set out proposal to PCT for management of both short-term and medium term risk to provide greater financial certainty for both parties	November 2008
			Coding and data quality compromises ability to secure income	ASt	Robust sign off process for data at end of each quarter. Data Quality Board and other review processes in place	January 2009
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 monitoring by Executive Action Group Monthly reporting to F&PC and TB Additional expertise recruited to PIT to strengthen both project management and project reporting of CIPs Detailed directorate reviews held at M6 to reinforce delivery	December 2008
			Impact on LTFM, IBP and FT application	CH/ASt	Monthly reports on progress to F&PC Weekly FT Steering group meetings and HDD action plan Weekly LTFM meetings Independent review to be commissioned of robustness	January 2009

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					prior to next revision and submission of IBP/LTFM	
RR5	Expenditure 024	16	Operational management and control of expenditure	CH/ AMu	Monthly finance reports reviewed by F&PC and TB Monthly divisional reviews used to oversee performance Detailed directorate reviews held at M6 to agree local action plans Executive Action Group has put in place enhanced pay, agency and non-pay controls for remainder of year	December 2008
			Cost pressures (e.g. inflation and staff costs)	CH	As above	January 2009
			Energy costs	IH	As above - and energy reduction plan in place	January 2009
RR6	Operational capacity and performance 005 006 016	20	Failure to meet emergency and elective access indicators and 'excellent' score put at risk Extension of waits on 18 week pathway for Oxfordshire patients increases risk	AMu	Daily, weekly (performance meeting involving all relevant directorates and includes monitoring of demand and capacity 6 weeks ahead) and monthly monitoring in place Monitoring meeting supported by individual patient data F&P C and TB reports	December 2008
	028 033 035 036, 037 038, 040		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 - Report on compliance to September Governance committee Robust action plans to follow up from patient surveys monitored through Governance Committee	November 2008 December 2008
	041, 044		Recruitment: Immigration and CRB - risk has considerably reduced. Advice	SD	Undertaken a handcheck audit of all personnel files and overhauled the immigration checking system to meet	March 2009

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	045, 064 065, 066	20	sought and given by external audit on the process.		new legislative requirements. Review	
	067, 069 070, 071 072, 077 078, 079 081		Reliance on locum staff compromises patient safety and expenditure	SD	Risk has been reduced. Improved recruitment plans in place from October 08. Undertaken review on all fixed-term contracts to identify possible permanent posts and reduce locums. Reduced reliance on locums to provide service. Locum policy to be reviewed. Further work to be done with training grade doctors.	March 2009
			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	Ongoing monthly review
			Physical capacity shortfalls 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)	IH	Capital programme reviewed regularly and reported on to the Board. Estates strategy under review	December 2008
RR7	The Cancer Centre 054	20	Opening date slips and clinical services compromised	KS	Commissioning Board overview and monitoring through to F&PC and TB Date for handover anticipated end Nov. Moves to take place in January 2009, but exact dates still to be agreed,	November 2008

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	057				to allow sufficient time for Trust commissioning.	
			Marketing plan not in place for additional income required	ASt	Plan agreed and progress reviewed regularly with Cancer group and key commissioners Marketing framework submitted to TB in September 2008. Workshop to take forward action plan to be held in December 2008.	December 2008
			PP marketing plan not in place	CH	Plan developed alongside the overall Cancer Centre marketing action plan. Monitored through the Income Board.	November 2008
			Separation of clinical services; e.g. emergency and elective surgery	KS/JM	Div B overview. Plans in place to manage separation of services e.g. additional medical staff being recruited to cover both sites	December 2008
RR8	Shortages in capital for investment	16	Environmental deficiencies, e.g. Dermatology outpatients, chest unit	IH	Robust capital planning prioritisation process and regular review by TB Estates Strategy under review	November 2008 December 2008
	008					
	009		Failure to maintain and upgrade the estate	IH	As above	As above
	013					
	015		Failure to meet statutory health and safety requirements (incl WRULDs)	IH	As above	As above
	049					
	050		Lack of CRS compromises other current IT and paper systems (including the integrity of the health	VH	Following cancellation of Fujitsu contract the SHA has commissioned an 8 week Discovery Project with BT Health that will identify the state of readiness for the	December 2008
	052					

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	053 063		record)		CRS Implementation by both ORH & BT. Report expected end of November 08 on the way forward. A number of measures in place to manage risks in relation to health records	
			Lab IT system required to ensure modernisation and linkages (specific issue re 'absence' of microbiology results from health record)	AM	Business Case to agree strategic direction of single Laboratory IT system agreed at EB. Project Board in place. Specification currently being developed.	December 2008
RR9	Reputation 061 062	20	Failure to maintain excellence rating 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	November 2008
			Failure to achieve FT status	ASt	Steering group in place. Reports to F&PC and TB Close liaison with SHA on timetable Further project resource being put in place. Programme of events for potential Council Members underway and to continue up to elections	December 2008
			Failure to deliver on customer care and patient engagement	ESH	Governance Committee to oversee progress of plans covering training and other activities Review of plans in November 2008	December 2008
			Marketing strategy fails with clinical and commissioning community	ASt	Plan agreed and progress reviewed regularly with Cancer group and key commissioners Marketing framework submitted to TB in September	December 2008

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					2008. Workshop to take forward action plan to be held in December 2008. Progress to be monitored through key commissioners	
			Failure to complete actions on HCC cardiac action plan	ESH	Follow up report published by HCC; outstanding actions to be complete by end December 2008	December 2008
RR10	Academic Health Sciences Centre 074		Lack of clarity re criteria for designation	ASt	Criteria now being published by DoH. Partners assessing themselves against criteria. McKinsey employed to support work. Continued engagement with University through Strategic Partnership Board Regular reports to TB and F&PC.	December 2008
			Failure to agree governance arrangements with University	ASt	Programme management arrangements agreed. McKinsey employed to provide support. As above	December 2008
			Stakeholder engagement including local trusts and PCTs	ASt/JM	As above and consultation meetings with clinical staff Stakeholder communication and engagement strategy forms part of project management arrangements.	December 2008
			University engagement in FT application process particularly in relation to governance	ASt	As above and consultation meetings with clinical staff	December 2008