

Board of Directors Meeting: Thursday 29 January 2009

BD2009.13

<b>Subject</b>	<b>Trust Key Risks</b>			
<b>Purpose of paper</b>	To advise on the current position on the Trust Key Risks following review by the Executive and update since the Board's review in November 2008.			
<b>Board Lead(s)</b>	Mrs Elaine Strachan-Hall, Director of Nursing & Clinical Leadership			
<b>Background papers (if any)</b>	Board Assurance Framework and the Trust Risk Register Risk assessment and management procedure			
<b>Action/decision required</b>	The Trust Board to review the Trust Key risks, noting the actions now in place and to agree any other actions deemed necessary.			
<b>Key purpose</b>	Strategy	<u>Assurance</u>	Policy	<u>Performance</u>
<b>Strategic Goal(s)</b>	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)			
<b>Strategic Objective(s)</b>	All			
<b>Links to: Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)</b>	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.			
<b>Also considered by</b>	Executive Board and individual executive leads			
<b>Resource and financial impact</b>	The resource and financial implications of individual areas of risk are managed by executive leads as part of the mitigation plans			
<b>Consideration of legal/equality/diversity/engagement</b>	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
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## Trust Key Risks January 2009

- The Trust Key Risks has been reviewed and updated after discussion with the Executive Leads for each area. A full review of the complete Trust Risk Register will take place during February and the Executive Board will review prior to its presentation to the Trust Board at its March meeting.

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 001 010 011 017 018 031	20	Management of HCAI - MRSA and Cdiff Hygiene Code (HC)	JM	Annual Work Plan approved by TB in July 2008 HIC meetings every two months (Jan 2009) Directorate and divisional reports quality and risk reports. Matrons' reports (also presented to HIC) Preparation for 08/09 Hygiene Code inspection due in Q1 2009. Information requested submitted by due date. Revised Hygiene Code to come into effect from 1 April 2009. ORH to seek registration for HCAI with Care Quality Commission (TB Paper January 2009)	February 2009

## Oxford Radcliffe Hospitals

Ref	Risk theme & TRR ref	Risk Score	Specific issues	Lead	Key actions and monitoring	Date of next review
	032 068 077 079 080		Privacy, dignity and confidentiality End of life care	ESH	TB report on mixed gender accommodation and updates provided to PCT and SHA  Continued monitoring of operational activities to maximise gender separation  Matrons' Reports	February 2009
			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/J M	Specific plans in relation to each alert.  Medicines Advisory Committee to oversee activities and present Annual Report to March Governance Committee	March 2009
			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). Policy sign off January 2009 following HIC review  Specific reminders issued re actions for cleaning and decontamination of ward/departmental equipment.  Business Case for Compliant Decontamination Service for Reprocessing Surgical Instruments OBC received and approved by EB in December, FBC to TB in February (SHA approval now not needed).  Preparation for 08/09 Hygiene Code inspection due in Q1 2009. Information requested submitted by due date.  Revised Hygiene Code to come into effect from 1 April	January 2009       February 2009

## Oxford Radcliffe Hospitals

Ref	Risk theme & TRR ref	Risk Score	Specific issues	Lead	Key actions and monitoring	Date of next review
					2009. ORH to seek registration for HCAI with Care Quality Commission (TB to consider January 2009)	
			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.	February 2009
			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. 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 and customer care standards including in January Leaders; briefings</p> <p>Staffing in place to support project plan for achievement of NHSLA Level 2</p> <p>Leaders' briefings in Jan 2009 covering governance, risk and assurance issues</p>	March 2009
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 particularly on staffing levels and recruitment.</p> <p>Steering group in place to support work led by Oxfordshire PCT.</p> <p>ORH representation on the Better Healthcare Programme Board review at regular intervals</p>	March 2009

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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	<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 mechanisms)</p> <p>Trust participating fully in the second phase of the Better Healthcare Programme including the Communications and Engagement Group.</p> <p>Trust participated in the PCT strategy roadshow in Banbury</p> <p>AFT membership activities being used as an engagement tool.</p>	March 2009
RR3	PCTs' financial pressures 020 021 023	12	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	<p>Activity Management Plan agreed and being implemented with Oxfordshire PCT</p> <p>08/09 contract agreed and signed.</p> <p>Financial risk-sharing arrangement agreed with Oxfordshire PCT and provided much greater income certainty</p>	February 2009
	025		Activity management plan fails to reduce activity to an affordable level for the PCT	CH/AS	Trust has agreed proposal with PCT for management of both short-term and medium term risk to provide greater financial certainty for both parties (as above)	February 2009
			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	February 2009
RR4	Cost Improvement	16	Failure to deliver enhanced programme compromises financial	CH/AMu	Weekly monitoring by Executive Action Group	January 2009

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Ref	Risk theme & TRR ref	Risk Score	Specific issues	Lead	Key actions and monitoring	Date of next review
	programme 027 073 074		position (delivery of planned surplus) and rating for quality of financial management		Monthly reporting to F&PC and TB  Additional expertise recruited to PIT to strengthen both project management and project reporting of CIPs. KPMG review of CIPs  Implementation of rigorous short term controls and measures to mitigate risks of non-achievement	
			Impact on LTFM, IBP and AFT application	CH/ Ast	Monthly reports on progress to F&PC  Two-weekly AFT Steering group meetings and Combined Action Plan (CAP) updates - also monitored through EB. Weekly LTFM meetings embedding LTFM into business and financial planning.  Independent review underway (KPMG) of robustness prior to meeting with SHA on 30 Jan 2009, March/April revision and submission of IBP/LTFM  CAP in place brings together all current action plans - e.g. HDD, governance review, SHA reviews	February 2009
RR5	Expenditure 024	12	Failure to manage operational pressures and to control of expenditure compromises financial position at year end	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 - monthly reviews held to date and continuing  Executive Action Group has put in place enhanced pay, agency and non-pay controls for remainder of year	January 2009
			Cost pressures (e.g. inflation and staff costs)	CH	As above and CIPs under review through KPMG/Combined Action plan	January 2009

## Oxford Radcliffe Hospitals

Ref	Risk theme & TRR ref	Risk Score	Specific issues	Lead	Key actions and monitoring	Date of next review
			Energy costs	IH	New best value/lowest risk energy supply contracts in place. Increased scrutiny on energy management ongoing, Energy campaign due in January.	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	January 2009
	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 excellent/at least good for quality and quality of financial management	ESH	Monthly compliance updates for TB on core standards and indicators (January TB Paper)	January 2009
	041, 044 045, 064 065, 066 067, 069 070, 071		Recruitment: Immigration and CRB - risk has considerably reduced. Advice sought and given by external audit on the process.	SD	Registered with the UK Border Agency in order to comply with new immigration regulations. CRB checks in place and reviewed through on line system to monitor progress.  There remains a heavy reliance on locum staff in ED & Medicine on both sites.	September 2009
	072, 077 078, 079 081		Reliance on locum staff compromises patient safety and expenditure	SD	Risk has been reduced. Locum policy to be reviewed. Further work to be done with training grade doctors Inability to recruit Locum middle grade paediatric doctors at the Horton is putting that service at risk.  National shortage of medics in ED. ED & Medicine are	June 2009

## Oxford Radcliffe Hospitals

Ref	Risk theme & TRR ref	Risk Score	Specific issues	Lead	Key actions and monitoring	Date of next review
					finding it hard to recruit to posts. ED assistants have been recruited (not ED porters) but MAU require a dedicated porter to prevent x-ray delays leading to increased LOS & breach of emergency target.	
			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  Workforce Committee in place	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	Second tranche Capital Programme for 2008/09 due at EB in January, along with outline proposals for 2009/10. Plans for 2009/10 subject to detailed scrutiny due to financial outlook.  Estates Strategy due for TB in February.	January 2009  February 2009
RR7	The Cancer Centre 054	12	Opening date slips and clinical services compromised	KS	Date for handover confirmed January 2009 and risk rating reduced. Plans in place for moves of services in February and March	January 2009
	057		Marketing plan not in place for additional income required	ASt	Plan agreed and progress reviewed regularly with Cancer group and key commissioners  Marketing framework approved by TB in September 2008.	March 2009

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Ref	Risk theme & TRR ref	Risk Score	Specific issues	Lead	Key actions and monitoring	Date of next review	
					Workshop to take forward action plan held in December 2008.		
			PP marketing plan not in place	CH	Plan developed alongside the overall Cancer Centre marketing action plan. Monitored through the Income Board and by Audit Committee	March 2009	
			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	January 2009	
RR8	Shortages in capital for investment	16	Environmental deficiencies, e.g. Dermatology outpatients, chest unit	IH	Robust capital planning prioritisation ongoing with increased challenges due to likely reduced capital investment availability for 2009/10.  Estates Strategy due for TB in February.	January 2009  February 2009	
	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 record)	VH	Discovery Project with BT Health confirmed state of readiness for the CRS Implementation by both ORH & BT. Implementation date still uncertain pending national discussions  A number of measures in place to manage risks in relation to health records - highlighted specifically during January 2009 Leaders' briefings  IT solution to meet requirement to implement MRSA screening for elective patients wef 1 April 2009 being	January 2009	
	052						
	053						
	063						

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Ref	Risk theme & TRR ref	Risk Score	Specific issues	Lead	Key actions and monitoring	Date of next review
					identified	
			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.	January 2009
RR9	Reputation 061 062	16	Failure to maintain excellence or at least good rating in annual health check for quality	ESH	Regular reports on compliance supported by collation of evidence in support to assure TB. Executive leads' responsibilities clarified and agreed by the Board  Full compliance reports to Trust Board (and report to SHA on current position)	January 2009
			Failure to achieve FT status	ASt	AFT and AHSC brought together in integrated programme with agreed structure and implementation steering group and programme management group in place.  Close liaison with SHA on timetable for AFT and (for example) additional HDD and IBP update  Further project resource put in place.  Programme of events for potential Council Members underway and to continue up to elections (election provider agreed)	February 2009
			Failure to deliver on customer care and patient engagement	ESH	Governance Committee to oversee progress of plans covering training and other activities  Customer care standards highlighted during Leaders' Briefings in January 2009 - posted on ORH intranet site	February 2009

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			Marketing strategy fails with clinical and commissioning community	ASt	Plan agreed and progress reviewed regularly with Cancer group and key commissioners  Marketing framework agreed by TB in September 2008.  Workshop to take forward action plan held in December 2008.  Marketing given increased prominence in business planning process for 2009/10.	March 2009
			Failure to complete actions on HCC cardiac action plan	ESH	Follow up report published by HCC; outstanding actions completed and agreed with SHA who will inform HCC. TB to sign off January 2009 and SHA sign off to follow March 2009. Outcomes report to be presented to both TB and SHA	January 2009
RR10	Academic Health Sciences Centre 074		Lack of clarity re criteria for designation	ASt	Continued engagement with University through Strategic Partnership Board  AFT and AHSC brought together in integrated programme with agreed structure and implementation steering group and programme management group in place.  Part 1 submission signed off by all parties and submitted.  Additional resource put in place. Handover from McKinsey's undertaken and material made available to ORH/OU teams  Regular reports to TB and F&PC.	February 2009
			Failure to agree governance arrangements with University	ASt	Programme management arrangements agreed. As above	February 2009

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Ref	Risk theme & TRR ref	Risk Score	Specific issues	Lead	Key actions and monitoring	Date of next review
			Stakeholder engagement including local trusts and PCTs	ASt/J M	As above and consultation meetings with clinical staff Stakeholder and clinical engagement built into programme plan and management arrangements. Engagement plan in place Stakeholder communication and engagement strategy forms part of project management arrangements.	February 2009
			University engagement in FT application process particularly in relation to governance	ASt	As above and consultation meetings with clinical staff AFT briefing meetings being set up for MSD staff.	February 2009