

## Proposals for Hinchingsbrooke Health Care Trust – Risk Analysis

Risk	Mitigating action (and progress made)	Probability	Impact (assuming mitigating actions carried out)
<b>Consultation process</b>			
Consultation process is not considered to be robust	<ul style="list-style-type: none"> <li>Ensure high profile of consultation. Engagement of public through public meetings, opportunities to meet on a one-to-one basis, offers to attend community groups, displays at central libraries, media campaign and option to respond in writing (<i>ongoing through out consultation period</i>)</li> <li>External assessor identified to review consultation process (<i>in place</i>)</li> <li>Consultation process agreed with Scrutiny Committee and ongoing feedback sought</li> </ul>	LOW	LOW
Preferred option is not supported by public through consultation	<ul style="list-style-type: none"> <li>Engagement with the public around key concerns (eg A&amp;E, maternity) (<i>ongoing</i>)</li> <li>Clear arguments for the case for change</li> <li>Gaining clinical support and using clinicians to reassure the public (<i>ongoing</i>)</li> </ul>	LOW	LOW
Consultation is not supported by OSC resulting in referral to Secretary of State	<ul style="list-style-type: none"> <li>Provision of extensive information at OSC meetings (<i>ongoing</i>)</li> <li>Attendance of senior PCT and hospital representatives at meetings (<i>ongoing</i>)</li> <li>Liaison with County Council (<i>ongoing</i>)</li> </ul>	HIGH	HIGH
PCT proposals are rejected by Secretary of State following referral by OSC	<ul style="list-style-type: none"> <li>Review alternative options set out in consultation document and take appropriate emergency measures if required</li> </ul>	LOW	MEDIUM
<b>Partnership working</b>			
Cambridgeshire County Council (as co-signatory to section 31 agreement) does not support the proposals	<ul style="list-style-type: none"> <li>Engagement with the County Council and Director of Adult Support Services (<i>ongoing</i>)</li> <li>Opportunity for County Council to evaluate impact on social care (<i>ongoing</i>)</li> <li>Senior support for direction of travel (<i>obtained</i>)</li> </ul>	LOW	LOW
PCT and HHCT do not work together to manage the change to services	<ul style="list-style-type: none"> <li>Regular meetings between PCT and HHCT (<i>ongoing</i>)</li> <li>Senior support for plans and direction of travel (<i>obtained</i>)</li> </ul>	LOW	LOW
GPs and other clinicians do not support the proposals	<ul style="list-style-type: none"> <li>Engagement of GPs and HuntsComm from early stage (<i>ongoing</i>)</li> </ul>	LOW	LOW
<b>Reducing activity</b>			
Lack of clinical support to reduce referrals	<ul style="list-style-type: none"> <li>Engagement and ownership of demand management plans by HuntsComm and practices (<i>ongoing</i>)</li> <li>Strong evidence base around the introduction of clinical</li> </ul>	LOW	MEDIUM

	thresholds ( <i>assembled</i> )		
Patient safety is compromised due to a reluctance to refer for specialist treatment or advice	<ul style="list-style-type: none"> <li>Patient safety is paramount. All other patients who have a clinical need to be seen by a specialist will have access to this advice</li> </ul>	LOW	LOW
<b>Shift of activity to other settings</b>			
Schemes do not deliver anticipated reductions	<ul style="list-style-type: none"> <li>Realistic achievements built into 2007/8 plan (<i>completed</i>)</li> <li>Clear project leads identified (<i>completed</i>)</li> <li>Implementation and progress is monitored as part of the PCT's corporate monitoring procedure (<i>ongoing</i>)</li> <li>Phasing of change is considered (<i>ongoing</i>)</li> </ul>	MEDIUM	MEDIUM
Skills, capacity and capability to develop and run new services in Primary Care	<ul style="list-style-type: none"> <li>PCT appointed PBC Business Partner to work with HuntsComm and matrix team of specialists to support the commissioning and development of services (<i>team in place</i>)</li> <li>PCT purchase of Dr Foster information tool to support decision making (<i>completed</i>)</li> </ul>	LOW	MEDIUM
Care is more expensive to deliver in non-hospital environments	<ul style="list-style-type: none"> <li>Detailed planning of schemes considers cost implications (<i>process in place</i>)</li> </ul>	LOW	LOW
Patients have difficulties accessing facilities in primary care	<ul style="list-style-type: none"> <li>Location and accessibility will be evaluated as part of the appraisal of new service proposals (<i>process in place</i>)</li> <li>The PCT will work closely with the County and District Councils, and voluntary sector to investigate the options for Community Transport Schemes (<i>ongoing</i>)</li> </ul>	MEDIUM	MEDIUM
Lack of capacity prevents shift to independent sector	<ul style="list-style-type: none"> <li>Consider options for tendering services</li> <li>Consider adjusting phasing to match capacity available</li> <li>Potential to use capacity at HHCT (would not comply with Government policy to shift activity to independent sector)</li> </ul>	HIGH	MEDIUM
<b>Increasing activity</b>			
Activity from other localities in the PCT is not increased	<ul style="list-style-type: none"> <li>Close working with CATCH, individual practices and patients to change referral patterns (<i>ongoing</i>)</li> </ul>	MEDIUM	MEDIUM
<b>Expansion of Integrated Community Teams</b>			
Recruitment of nursing and care worker staff prevents increased capacity in Integrated Care Team	<ul style="list-style-type: none"> <li>Introduction of new employment packages</li> <li>Consider opportunities to redeploy staff from HHCT</li> <li>Consider opportunities to develop existing workforce and introduce new roles</li> <li>Potential to move use staff from other localities of the PCT</li> </ul>	MEDIUM	HIGH
Turnaround savings (vacancy freezes) prevent Integrated Care Team reached required capacity	<ul style="list-style-type: none"> <li>Review vacancy freezes</li> </ul>	LOW	MEDIUM
Cuts to social care budget prevent ICT reaching necessary capacity	<ul style="list-style-type: none"> <li>Close working with the County Council (<i>ongoing</i>)</li> <li>Corporate performance monitoring (<i>ongoing</i>)</li> </ul>	MEDIUM	HIGH
Excess bed days at HHCT are not reduced	<ul style="list-style-type: none"> <li>Investment in community services</li> <li>Discussions with providers (community beds and nursing)</li> </ul>	MEDIUM	MEDIUM

	homes) around capacity (ongoing)		
	<ul style="list-style-type: none"> <li>Increase accuracy of capacity forecasting</li> <li>Review clinical processes to access the needs of patients</li> </ul>		
Proposals outlined as part of consultation are not consistent with the outcome of the Community Hospitals Review	<ul style="list-style-type: none"> <li>Close working will ensure there is consistency between the proposals being suggested (<i>ongoing</i>)</li> </ul>	LOW	LOW
<b>Children's Unit</b>			
£700,000 cost pressure for PCT	<ul style="list-style-type: none"> <li>Both provider and commissioner to look for opportunities to increase income through other activity to offset £700k pressure (<i>ongoing</i>)</li> <li>Working with other partners to identify options for increasing income (<i>ongoing</i>)</li> </ul>	HIGH	HIGH
<b>Maternity</b>			
Hinchingbrooke is not the hospital of choice for maternity services	<ul style="list-style-type: none"> <li>Work to promote Hinchingbrooke as an attractive option which 'normalises' birth (<i>ongoing</i>)</li> <li>Development of a midwifery-led birthing unit</li> <li>Engage Cambourne GPs (<i>process in place</i>)</li> <li>Increase HHCT community midwifery presence in West Cambridge area (<i>in place</i>)</li> <li>Action plan in place and regular review meetings</li> </ul>	MEDIUM	HIGH
Cost base of maternity services is not reduced	<ul style="list-style-type: none"> <li>Action plan in place, led by HHCT</li> </ul>	LOW	MEDIUM
£1.1m cost pressure for PCT	<ul style="list-style-type: none"> <li>Working with HHCT to increase the number of births and widen the clinical network for the unit (<i>ongoing</i>)</li> </ul>	HIGH	HIGH
<b>Special Care Baby Unit (SCBU)</b>			
SCBU is given level 1 status – capacity needed elsewhere for those babies needing level 2 care	<ul style="list-style-type: none"> <li>Work with Neonatal Network to explore options and impact on regional neonatal services (</li> </ul>	MEDIUM	HIGH
SCBU is given level 2 status – high cost of maintaining a level 2 unit	<ul style="list-style-type: none"> <li>Work with Neonatal Network to explore options and impact on regional neonatal services</li> </ul>	MEDIUM	HIGH
<b>Hinchingbrooke change plans</b>			
Recruitment and retention becomes difficult due to low staff confidence in proposals – resulting in difficulties maintaining clinical specialties	<ul style="list-style-type: none"> <li>Staff are kept engaged, informed and involved at all stages of the process (<i>ongoing work</i>)</li> </ul>	HIGH	HIGH
Hinchingbrooke do not attract patients from other PCTs (Risk is with HHCT not PCT)	<ul style="list-style-type: none"> <li>Marketing strategy to increase patients from other PCTs (<i>ongoing</i>)</li> </ul>	MEDIUM	MEDIUM
High redundancy costs	<ul style="list-style-type: none"> <li>New staff are being employed on short term contracts (<i>in place</i>)</li> <li>Redeployment will be considered where possible (<i>plans in place</i>)</li> </ul>	LOW	LOW
Treatment Centre is not used to necessary capacity	<ul style="list-style-type: none"> <li>Movement of services within the Trust to make best use of capacity</li> </ul>	MEDIUM	MEDIUM

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