



10 November 2004

Mr Hugh Mills
Chief Executive
Sperrin Lakeland Trust
Strathdene House
Tyrone & Fermanagh Hospital
OMAGH

Dear Hugh

Re Draft Specification for Appointment of Risk Assessors

Thank you for your letter of the 8th November and the opportunity to comment on the draft specification for appointment of Risk assessors.

We note the Terms of Reference for the Risk Assessment: Acute Hospital Services will go out as part of the documentation for appointment of Risk assessors and would want to make the following comments on draft 5.

1. We agree that this is to be a 'comprehensive risk assessment review of acute services'.

However, we believe it does not need in the first instance to 'take stock of corporate systems and procedures already put in place'. This should be done at a later stage. Our concern is not about the risk attached to the clinical governance structures in the interim period before the new hospital opens (as this third paragraph seems to suggest) but about the services themselves. The reference to the HRRI report is apt in this context, since it identified risk associated with services in transition. The diagnostic phase should focus on services and not on the clinical and social care governance arrangements.

2. Bullet 2, under "scope" comes somewhere near what we intend, but in general the terms are vague and open to interpretation.

3. In summary, these TOR could be interpreted as having a focus on the clinical and social care governance infrastructure and a review of it rather than a review of services which are vulnerable at this time of change.

4. We will support a risk assessment which focuses initially on:

- Critical care services
- Surgery
- Children's services, specifically surgery
- Acute medical service

5. This risk assessment should examine: -

1. Risks attached to current service configuration (for each area above), e.g.

- Staffing (experience, expertise, attachment, recruitment and retention)
- Capacity to maintain rotas to cover 24/7 in high risk service areas e.g. critical care
- Volumes
- Infrastructure
- Patient pathways (admission, accountability, discharge from high risk service areas).

2. Key issues which need to be tackled if risk is to be reduced:

- There needs to be consideration of interdependencies between clinical specialties, which may prompt further risk analysis.
- The work must build on and engage with relevant exercises that have been ongoing e.g. the work Dr Diana Cody has led with clinicians.

6. We understand from the experience of another Trust that it is possible to identify key risks and an action plan to address within a 4-8 week period. We strongly recommend this timeframe.

7. Finally, the risk assessment must result in an agreed action plan to address problems identified and within a given timeframe.

In addition we have received a copy of Andrew Hamilton's letter of 8th November 04 requesting an urgent risk assessment of key acute services at the Tyrone County Hospital to be completed by 23rd December 04, as part of the wider independently led review. We have made a number of suggestions in respect of this urgent risk assessment to both Andrew and yourself and would expect this piece of work to be included within the Terms of Reference accompanying the specification.

In light of the above we would make the following comments on the specification (scope for Consultant Input)

1. The process – 1. Diagnostic) in line with comments above on
2. Action Planning) Terms of Reference

Phase 1 - focus on Critical care/Anaesthetics Medicine/ Surgery
Phase 2 - all other Acute Services

2. The Products

- develop a project work plan
- co-ordinate activities associated with same
- produce interim report to the Steering Group on findings/issues, analysis and recommendations for Phase 1.
- Produce phased and costed action plan with timescales for phase 1.

- Continue to phase 2 and complete similar exercise.

3. Timescale – 1. Risk assessment of Anaesthetics/critical care, medicine and surgery to be completed by 23/12/04.

2. All other acute services (end of January 2005)

We would further suggest the Trusts Acting Medical Director as the liaison point for the Consultants once appointed and the Board would support.

We would appreciate your consideration of these comments, I am happy to discuss further.

Yours sincerely

Steven Lindsay
CHIEF EXECUTIVE