

TRR	Ref Number	Description of Risk	L	C	RRN	Category	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored at and by	L	C	RRN
59	CO02	Trust is not prepared for the impact of flu/swine flu outbreak and all aspects of performance (including financial because additional costs) are compromised Impact on staff and hence capacity in all areas at greatest risk of compromise - e.g. ITU	5	5	25	Performance	Plans as at Thursday 2 July. Ministers across the UK have agreed to move from a containment strategy to a treatment strategy which will focus NHS efforts on treating those who have the virus and its complications. This means that nationally the approach will be to: Rely on symptoms rather than swabbing to diagnose the virus. Small number of patients will continue to be swabbed to ensure there is up-to-date information about the virus. Stop tracing close contacts of those diagnosed with swine flu. Only offer antivirals to those diagnosed with swine flu. The Trust will continue to make preparations according to the ORH Pandemic Influenza Plan and is working with its Oxfordshire health partners should the situation escalate locally.	MID COO	Ongoing	monthly	Operational Performance Board Care Quality Board Oxon and SHA Control system	5	5	25
45	P&I001	Commissioners will be unable/ unwilling to fund current levels of activity and activity in 2009/10.	5	5	25	Finance	SLA assumptions agreed early with Oxon. Assumptions shared early with Divisions and Directorates. Shared risk management provisions negotiated as part of contract discussions. Board kept up to date with progress of discussions. Increased clinical involvement in discussions with commissioners	DF&P DF&P	31/3/10 (end of contract period)	Monthly	Operational performance meeting Income Board Finance and Performance Committee	4	5	20
56	FP	Current and long term financial position across the health economy compromises financial stability of the Trust: Scale of CIPs required Impact on LTFM (and hence FT) Anticipated year on year negative growth	4	5	20	Finance	Active plans in place to manage in year System wide approach required Board consider further through Finance and Performance Committee and Away day	DF&P	Ongoing	Monthly	Cost Reduction Programme Board Executive Directors Finance and Performance Committee Board of Directors	4	5	20

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23	DWB001 DWB031	Tensions between access targets and quality and safety requirements compromise performance in all areas, particularly at a time of increased financial pressures. Pressure to accommodate range of improved access times, requirements for safe isolation and cohorting of patients with infections, gender separation, care of the dying etc. against significant financial constraint results in pressure and a very challenging risk management. Demand management pressures conflict with all of the above	4	4	16	Performance	Board of Directors has confirmed importance of the safety and quality agenda but acknowledged tensions. Performance improvement programme provides framework through which such requirements are managed. There are clear KPIs designed to mitigate the risks and manage what are sometimes competing priorities. Pressures on spend/cash and activity remain and monitored through divisions and directors and Cost Reduction Programme Board. Care Quality Board review 8 July 2009 Board of Directors review 16 July 2009	COO	31/03/2010	08/07/2009	Operational Performance Board Care Quality Board Cost Reduction Programme Board Divisional Boards Finance and Performance Committee Board of Directors	4	5	20
46	P&I004	Problems with the recording and reporting of information will lead to a loss of income and misreporting of income within the Trust. Risk heightened by introduction of HRG4 and has impact on specialist services.	5	5	25	Finance	Measures in place and commissioning and information resource strengthened. PCT data challenges considered at Income Board. Training and awareness exercise across Trust	DP&I	31/03/2010	Monthly	Data Quality Board (reports to Information Governance Group) Income Board	4	4	16
44	F015 DWB031 FT002 FT002a	Failure to deliver performance improvement and cost reduction programme compromises financial performance, standing, reputation, services and FT application Reductions in management capacity will impact on performance NB Links to longer-term financial position	5	5	25	Finance	Rigorous Board-led review and agreement of plans with full engagement of divisions and clinical teams Support from performance improvement team Regular reviews through Cost Reduction Programme Board and Operational Performance Board.	DF&P COO	Ongoing	Weekly, monthly	Divisions and Directorate Boards Operational performance and cost reduction programme Boards Finance and Performance Committee Board of Directors	4	4	16

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28	DIVA001 AGM	Failure to meet emergency access target compromises patient care and overall performance (4 hours) Links across wide range of inpatient services and ED services Impact across JR and Horton	5	5	25	Performance	Full implementation of Emergency access development now underway linking with both PCT and SHA. Five workstreams being taken forward - role and purpose of ED, relationship with inpatient specialities, clinical decision unit, management of minors side (which continues to perform above target), and teaching and training. Review to present system of bed allocation and data collection underway PIT aiming to reduce length of stay by 10%, esp. in surgical areas so links with ED flows Improvement of range of care pathways e.g. NoF, Stroke, head injuries underway Reduce delays to intermediate care -discharge redesign project	COO	31/12/2009	Quarterly and monthly	Directorate and Divisional Boards Operational Performance Board Board of Directors SHA	4	4	16
52	P&I008 FT005	Failure to obtain AHSC designation will adversely impact on reputation and finance and could compromise BRC Failure will impact on progress with integration of patient care, teaching and research	5	5	25	Reputation	Programme leadership and management arrangements being reviewed in light of panel feedback. AHSC Steering Group meeting 25 June 2009 and leadership group suggested. Confirmation of commitment from all stakeholders given at meeting to work needed to change delivery of health care and to AHSC rebid within current financial constraints. ORH also highlighted needs of other wider stakeholders and commissioners Strategic Partnership Board meeting 2 July 2009. Further update to Board of Directors 16 July on suggested way forward. NOTE Communication expected from J Easton re HIEC and Oxfordshire proposals	DP&I	31/03/2010	Monthly	Implementation Steering Group Board of Directors	4	4	16
4	DivC006 Med 006 DivB003	Sustainability of safe services for maternity, paediatrics, gynae and anaesthetics at the Horton General Hospital post IRP decision for at least the next two years while PCT develops long term vision for services	5	5	25	Safety	Interim Plan agreed by Board of Directors and PCT Board in July 08. Plan now being implemented and risks being monitored with key partners. Next phase begins July 2009 - evaluation of Invitation to Innovate and developments of sustainable models of care. Problems experiences in maintaining interim plans in paediatrics and emergency department. Contingency plans developed for implementation if required.	COO DP&I	Ongoing	Weekly and Monthly	Directorate and Divisional Boards quarterly at Division C's clinical governance accountability review meeting Board of Directors	4	4	16

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58	HR DWB021 DWB020 DVA009 DWB027 DWC018 DVA026 DVA032 DVA040 DWC014	Insufficient workforce capability and/or capacity in specific areas and across ORH as a whole compromises delivery of services within agreed budgets Some specific issues /pressure points in particular services including anaesthetics	5	5	25	Use of Resources	Affordable workforce plans being developed by directorates Individual and directorate development plans required	DHR COO	31/03/2010	Monthly	Operational performance Board Cost Reduction Programme Board Workforce Committee Executive Directors Board of Directors	4	4	16
48	P&I010	Failure to achieve private patients income and 'bottom line' compromised due to : Lack of theatre capacity in Wytham Wing; Economic downturn; Beds availability in West Wing and CHOX; Nurse recruitment; BUPA network policy; Delays in agreeing Capital programme;	5	4	20	Finance	Urgently need 5th day of first Wytham Wing theatre and need more sessions soon from 2nd theatre. Engagement with Theatre directorate continues to be sought. Marketing plan being implemented. Considering overseas market options Need better process in West Wing and CHOX for securing beds. Recruitment difficulties remain Working with BUPA to find solution to network issue on a range of specialities. Secured Ophthalmology network approval. Private patients' infrastructure now developed and working effectively. A number of services not yet focused on PP income. Some key consultants have not delivered the work as suggested.	COO	Ongoing	Monthly	Operational performance Meeting Board of Directors/Audit Committee	4	4	16
1	NO07 NO10 HCAI001a HCAI00	Improvements in patient safety not delivered as comprehensive safety framework not embedded and patient safety compromised Financial situation could divert attention from the safety agenda Staff health and safety compromised and registration with COC may be compromised Failure to address actions in external reports (e.g. Mid Staffs, Children's Services) compromises safety	4	5	20	Safety	Strong governance arrangements in place incl. Non-executive and Executive leads: ORH in SHA Patient Safety Federation; Patient and Staff Safety Strategies in place. Care Quality Board established with specific remit re patient safety - update report on Mid Staffs to be considered June/Sept 2009 NHSLA level 1/2 assessment Sept 09 Arrangements in less strong directorates to be addressed Safeguarding Children's Steering Group established.	DNCL COO	31/03/2010	Frequent formal and as required monitoring	Through the governance, safety, quality and risk arrangements in place Divisional committees, Care Quality Board, Operational Performance Board, Governance Committee Board of Directors SHA/DH/COC monitoring	4	4	16

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32	EF004	Insufficient capital funding for the existing asset despite planned closures and exacerbated by keeping buildings open because of demand Failure to obtain DH sustainability funds, and increasing energy costs, may result in Trust generated capital being required for major energy efficiency scheme advancement.	5	4	20	Use of Resources	Risk assessment re backlog and recent condition survey of estate. A £1m contingency sum to be set aside in 09/10 Capital Plan to cater for any urgent items Progression of new Estates Strategy and site Master Plans will assist in ensuring best value from matrix of estate rationalisation, investment and development. Detailed review of backlog risk profile under way	DF&P	2011/2012	Monthly	Benchmarking (ERIC returns). Executive Directors Commercial Group Board of Directors	4	4	16
3	DivC012 Paeds Med014 HCAI005	Neonatal Infection Risks arising from poor environment and capacity pressures Potential impact on ability to service network requirements	4	4	16	Safety	Short term interim plan being developed, this will involve a revenue cost which will be a challenge in the current financial climate. Business Case being completed and will be presented at Divisional Board in July 2009.  Board of Directors approved development of SOC in Jan 2009 - to be completed and presented to Board of Directors in September/October 2009	COO	During 2010	Monthly	Directorate and Divisional Boards Care Quality Board Board of Directors	4	4	16
	AHSC	Academic Health Science Centre					Director of Planning and Information							
	CQC	Care Quality Commission					Foundation Trust							
	C	Consequence of risk					Health Resource Group (V4)							
	COO	Chief Operating Officer					Key performance indicators							
	DHR	Department of Health					Likelihood of risk							
	DF&P	Director of Finance and Procurement					Long term financial model							
	DHR	Director of Human Resources					Medical Director							
	DNCL	Director of Nursing and Clinical Leadership					Risk Rating Number							
							Strategic Health Authority							
	Key						Trust Risk Register							

