

BD Agenda 090903 Risk Register 2.xls

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		5	5	25	Performance	<p>Approach remains as follows. ORH continues to work closely with PCT and SHA on pandemic flu plans. Infection control team fully engaged with Infectious Diseases clinical teams. Reports made regularly to Executive team, Care Quality Board and Board of Directors.</p> <p>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.</p>	MID COO	Ongoing	monthly	Operational Performance Board Care Quality Board Oxon and SHA Control system	5	5	25
45	P&001	Commissioners will be unable/ unwilling to fund actual patient activity beyond the £5m cap in 2009/10	5	5	25	Finance	<p>SLA assumptions agreed early with Oxon. Assumptions shared early with Divisions and Directorates.</p> <p>Shared risk management provisions negotiated as part of contract discussions.</p> <p>Board kept up to date with progress of discussions. Increased clinical involvement in discussions with commissioners. Weekly meetings held with PCT to manage contract overperformance. Issues escalated to Executive to Executive meetings with PCT. Trust also in discussion with SHA.</p>	DP&I DF&P	31/3/10 (end of contract period)	Monthly	Operational performance meeting Income Board Finance and Performance Committee Weekly activity management plan meetings with the PCT. Executive to Executive Meetings with the PCT.	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	<p>Active plans in place to manage in year</p> <p>System wide approach required</p> <p>Board consider further through Finance and Performance Committee and Away day Whole-system strategy events in train to support the quality, innovation and productivity agenda.</p> <p>2-day whole system workshop scheduled for September</p>	DF&P	Ongoing	Monthly	Cost Reduction Programme Board Executive Directors Finance and Performance Committee Board of Directors	4	5	20

BD Agenda 090903 Risk Register 2.xls

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
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 . See also Risk 1 below with update on Mid Staffs	COO DNCL	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	5	20

BD Agenda 090903 Risk Register 2.xls

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
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 now being planned	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 Lack of clarity on reapplication process	5	5	25	Reputation	AHSC Steering Group meeting 25 June 2009 and leadership group agreed. 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. Project plan drafted for agreement by partners at next meeting of Implementation Steering Group 2 September. Potential organisational/governance models being explored through work with Eversheds - to be discussed 2 September	DP&I	31/03/2010	Monthly	Implementation Steering Group F&PC Board of Directors	4	4	16

BD Agenda 090903 Risk Register 2.xls

TTR	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
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. In September 2009, this work will then be taken over by service based groups tasked with developing clinically and financially 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
58	HR DivB021 DivB020 DIVA009 DivB027 DivC018 DIVA026 DIVA032 DIVA040 DivC014	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 option for more sessions from 2nd PP theatre. Agreement with Theatre directorate continues to be sought. Considering overseas market options. Need better process in West Wing for securing beds. Nurse recruitment difficulties remain to facilitate opening of additional beds 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

BD Agenda 090903 Risk Register 2.xls

TTR	Ref Number	Description of Risk	Category	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored at and by	L	C	RRN
1	N007 N010 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 CQC may be compromised Failure to address actions in external reports (e.g. Mid Staffs, Children's Services) compromises safety Failures to address risks associated with multiple health records compromise patient safety and treatment	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. BoD considered paper on Could it happen here in July 2009 Care Quality Board established with specific remit re patient safety. SHA review of Board assurance on HCC's review of Mid Staffs and Birmingham Children's Hospital showed 3/56 amber areas with remainder as green. Detailed report to Board of Directors 3 September shows continued areas of focus reacting to both SHA review and ORH internal review NHSLA level 1 assessment Sept 09 - Governance, safety, quality and risk framework to Board of Director's September 2009 - sets down required arrangements across the ORH Arrangements in less strong directorates to be addressed and monitored. Safeguarding Children's Steering Group established and outcome of 3 serious case reviews considered at Care Quality Board August 2009 - this highlighted risks associated with multiple case notes for individual patients	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, Cost Reduction Improvement Board, Operational Performance Board, Governance Committee Board of Directors SHA /DH/ CQC monitoring	4	4	16
				Working Group on management of surgical risk established with external chair and other members. Work under way with focus on training for staff and linking with other ORH initiatives, including surgical checklist, global trigger tracking tool and safety action groups. Planned training day on 19 October. Progress report to Board of Directors 3 September							

BD Agenda 090903 Risk Register 2.xls

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
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
<b>Key</b>	<b>AHSC</b>	Academic Health Science Centre					Director of Planning and Information							
	<b>CQC</b>	Care Quality Commission					Foundation Trust							
	<b>C</b>	Consequence of risk					Health Resource Group (V4)							
	<b>COO</b>	Chief Operating Officer					Key performance indicators							
	<b>DHR</b>	Department of Health					Likelihood of risk							
	<b>DF&amp;P</b>	Director of Finance and Procurement					Long term financial model							
	<b>DHR</b>	Director of Human Resources					Medical Director							
	<b>DNCL</b>	Director of Nursing and Clinical Leadership					Risk Rating Number							
							Strategic Health Authority							
							Trust Risk Register							