

Trust Board

TB2008.6

From: Mrs Elaine Strachan-Hall, Director of Nursing & Clinical Leadership
Date: January 2008
Subject: **Trust Risk Register**
For: **Decision**

Synopsis

The Trust Risk Register shows the 'red' risks to the ORH's strategic objectives. It has been updated by the Executive Board and also reviewed by the Governance Committee at its December 2007 meeting.

The Executive Board will review these risks using the six categories at a frequency to be agreed. For example, some risks, particularly on patient safety and performance, will need to be reviewed on a weekly basis; others may only require review on a monthly basis. In addition, monthly updates will be provided through the leads for each individual risk so that work done on mitigation is reflected.

The Trust Board is asked to review and agree the attached risk register and to note that a further review will be brought to the Board in June 2008 following agreement of the ORH's strategic objectives for 2008/09.

Financial, legal and risk impact

Risks to the achievement of the Trust's objectives are regularly identified and reviewed, and plans put in place for their mitigation. The risks have been identified through the agreed assessment process and draw on risks from the directorates and divisions, as well as those identified corporately. Regular review of these risks by the Executive Board and Trust Board ensures that the mitigation plans remain relevant and effective. The responsible member of the Executive team will ensure plans are delivered.

Trust Risk Register January 2008

Trust wide risk register drawn from individual risk registers:

Estates and Facilities	Planning & Information	Performance Improvement	Finance and Procurement
Medical Directorate	Nursing and Midwifery	Human Resources	Medicines Management
Division A	Division C	CRS Project Risk Register (through Planning and Information)	Control of Infection
Division B	Relocation	Communications	

All risks over 16 (Red) and grouped into the following categories

1. Safety of patients and staff (including hospital acquired infections, medicines management, failure to rescue, staff well being and health and safety)
2. Finance
3. Performance (including all elements of annual health check – core standards, existing national targets and new national targets)
4. Use of resources (including staff, equipment and capacity)
5. Capital projects and developments (including PFIs and CRS)
6. Reputation and the external environment

NOTE: To simplify the Trust Risk Register risk groups have been combined; the risk rating has been included as that of the highest risk in the grouping being combined. The references to the Divisional/corporate risk registers are included and these risk registers need to be referred to to get the full detail of a) the nature of the risk and b) the risk mitigation plans.

Oxford Radcliffe Hospitals

TRR	Ref Num	Description of Risk	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored	L	C	RRN
Safety													
001	N007	Improvements in patient safety (including infection control) not delivered as a result of failure to develop and embed comprehensive safety framework with the result that patient and staff safety is compromised. Financial situation could divert attention from the safety agenda	4	5	20	Executive lead in place: ORH in SHA Patient Safety Federation; risk assessment & risk management, risk registers, KPIs for key areas, reports through directorates, div. and GovC. Patient safety alerts in use. Clinical Risk Management & Health & Safety Committees in place. Development & roll out of tools, e.g. global trigger tool; policy reviews, information sharing.	Director of Nursing & Clinical Leadership	31/03/08	Frequent formal monitoring	Through governance, quality and risk arrangements in place across the ORH. Monitoring by DH and SHA across a number of areas including SUIs, HCAI, core standard compliance Monitoring also through contract with PCT	3	4	12
002 003 004	Div C007 Div C008 Med006	Sustainability of clinical services at the Horton General Hospital and specifically paediatrics and maternity services	4	5	20	Post consultation. Reviewing evidence on models, risks and proposals within professional working groups and stakeholder groups. Proposals to be submitted and	Director of Planning and Information Medical Director	31/03/08	Monthly	Monitored Divisional Board and Horton Steering Group Executive Board and Trust Board	4	4	16

Oxford Radcliffe Hospitals

TRR	Ref Num	Description of Risk	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored	L	C	RRN
						considered by Trust Board July 07. IRP Report to SoS Feb 2008. Outcome expected March 2008 Review of contingency plans to ensure continued safety and service delivery							
005 006 042	Div C009 Div C014 Div C013 Paeds	Patient safety PICU Staffing - lack of nursing staff numbers with right skills Lack of oscillator - additional equipment required Lack of Paed HDU - children being nursed on wards staffed by non-HDU trained staff	4	5	20	Detailed plans contained within Divisional Risk Register Purchase of Oscillator authorised by Divisional Chair in December 2007	Director of Operations, C	31/03/08	Monthly	Monitored by Directorate & Divisional Board & every 2/12 at Div Gov Board Governance Committee	4	5	16
007	DIVA004	Higher intensity nursing environment is required for medical patients	5	4	20	Options appraisal for patients needing HDU. Consider with plans for Chest Unit Track & trigger system in MAUs, MSS, 7A, B and C and Horton wards	Director of Operations, A	Ongoing	12/07	Divisional Board Directorate Board Governance Committee	4	4	16

Oxford Radcliffe Hospitals

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008 009	DIVA05 P&I008	Standard of the content of the health record and its availability will not be high enough to support the requirements of safe quality clinical care or the demands of NHSLA for level 2. Multiple Health records remain a risk.	5	4	20	Detailed plans contained within P&I Risk register and include plan to move to single record from April 2008 Liaise with medical records manager and facilities manager as appropriate. Discussions continuing on single record - proposals to Clinical Risk Management Committee and Executive Board March 2008	Director of Planning and Information	Ongoing	Monthly March 2008	GovC and Info Gov. Group Health Records Group Divisional and Directorate Boards Governance Committee	4	4	16
010	DIPC001 DIVA006	Healthcare Associated Infections to meet DH and Trust trajectories and all systems (including labs and IT) support this.	5	4	20	Implementing hand washing and infection control standards. Divisions to improve compliance rates RCA for each MRSA. Comply with Trust action plan for C. diff. Close working across local health economy Division C plans to improve IT linkages.	Director of Infection Prevention and Control (Medical Director)	31/03/08	Weekly and Monthly	Divisional and Directorate Boards Executive Board, F&PC and Trust Board	4	4	16

Oxford Radcliffe Hospitals

TRR	Ref Num	Description of Risk	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored	L	C	RRN
011	DIPC002	Decontamination - collaborative arrangements and internal arrangements (particularly re endoscopies and other equipment)	4	5	20	Identification of lead director and continued work on provision of services internally and across SHA	Director of Estates and Facilities and Director of Operations B	31/03/08	Monthly	Executive Board, F&PC and Trust Board	3	3	9
012 013	Div A013 Div C 003 Labs	Staff health & safety Latex - harm to staff Over activity/ insufficient staffing /RSI in specimen reception, leading to WRULDs (Work related upper limb disorders) in staff, increased staff sickness/absence.	5	4	20	ORH group to review and develop plan Detailed plan in place within Directorate to meet HSE requirements and support staff. HSE may take action if improvements not made	Director of Nursing and Clinical Leadership	Ongoing	Monthly	Monitored by Directorate & Divisional Board & every 2/12 at Div Gov Board Health and Safety Committee and Governance Committee	3	4	12
014	Div C004 Maternity	Lack of Psychiatric Liaison Service - Failure to comply with CEMACH recommendations. Failure to comply with NICE guidance	4	5	20	Plans being negotiated with PCT and Mental Health. Details within Div C Risk Register	Director of Operations, C	October 2008	Monthly	Monitored by Directorate & Divisional Board & every 2/12 at Div Gov Board	4	1	5
015	Div C006 Labs	Lab IT system - multiple IT systems dependent upon a few individuals for support. Systems reviewed and a single IT system recommended. Severe	5	5	25	Proposal to procure a new single IT system c £50K. specification being prepared. Business case to EB in	Director of Operations, C	Unknown	Monthly	Monitored by Directorate & Divisional Board & every 2/12 at Div Gov Board	1	5	5

Oxford Radcliffe Hospitals

TRR	Ref Num	Description of Risk	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored	L	C	RRN
		governance implications if system fails				Jan 2008				Commercial Committee			
016	Div C015 Pharmacy	Understaffing of Pharmacy - with number of significant impacts which may result in patient harm, lack of compliance with protocols & procedures and overall a lengthening of discharge time. Low morale, increased sickness, poor job satisfaction and poor staff retention	5	4	20	TTO PIT project established. Internal systems in pharmacy to prioritise TTOs. Detailed mitigation plan included in Division C Risk Register	Director of Operations, C	31/03/08	Monthly since January 2007	Monitored by Directorate & Divisional Board & every 2/12 at Div Gov Board Performance Improvement meetings	4	3	12
017	Div C016 Pharmacy and MM09	Risk of failure to meet NPSA Safer Medicines Practice Alerts (Nos 18-22) Resource issues & lack of adequate multi-professional involvement & leadership prohibiting completion (See also MM risks below)	5	4	20	Project groups established for all alerts Gap analysis being undertaken re ability to meet deadlines, to be escalated to Executive Board	Medical Director and Director of Nursing and Clinical Leadership	Ongoing	Monthly to March 2008	Monthly by Divisional Board Clinical Risk Management Committee Medicines Management Strategy Committee	2	3	6
018	MM combined risk	Use of Anticoagulants Administration of medicines to patients with known allergies	5	4	20	Detailed plans for all aspects of these risks (MM02, 03, 06, 07, 08, 10, 11 and 12)	Medical Director and Director of Nursing and Clinical Leadership	Ongoing	31/03/08	Clinical Risk Management committee Medicines management			6-12

Oxford Radcliffe Hospitals

TRR	Ref Num	Description of Risk	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored	L	C	RRN
		<p>Use of Insulin</p> <p>Unclear Prescribing</p> <p>Administration of Medicines</p> <p>Medicines Related Policies</p> <p>Dispensing Errors</p> <p>Unlicensed medicines in use</p> <p>Medical gases</p>								Steering Group Medicines Safety Group			
019	P&I010	CRS project is delayed. Significant clinical, financial and business continuity risks and associated with existing OxPAS.	4	4	16	<p>Option appraisal being undertaken. Immediate contingency plans being progressed. Business risks review commissioned. Replanning exercise being undertaken.</p> <p>Risk register in place for the project.</p>	Senior Responsible Officer		01/12/07	Comm. Comm. CRS Prog. Board Trust Board	4	4	16
020	P&I009	Poor data quality will adversely impact on provision of high quality clinical care, the planning and management of services and the recording and capture of income.	4	4	16	<p>Work of Data Quality Board, Data Quality Group and bi monthly Data Quality Workshops. CRS project to be used for strengthening of data quality. Links to</p>	Director of Planning and Information		01/12/07	Data Quality Board Info Gov Group	3	4	12

Oxford Radcliffe Hospitals

TRR	Ref Num	Description of Risk	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored	L	C	RRN
						PIT programme.							
Finance													
021	P&I001	Income shortfalls	5	5	25	Commissioning Team strengthened. SLA assumptions agreed with Key Commissioners.	Director of Planning and Information	31/03/08	01/12/07	Exec Board	4	4	16
025	FP003	Commissioners will be unable/ unwilling to fund current levels of activity. Loss of income impacts on I&E position Private Patient Income and Debt Collection risk Income shortfalls impact on I&E position				Contractual terms being negotiated and monitored closely with PCT. Disputes escalated. Increased clinical involvement. DoF and Commercial Committee monitoring	Director of Finance and Performance		01/02/08	SaFFS St Group Finance Senior Management Team, F&PC and Trust Board			
022	P&I002	Information quality Problems with the recording and reporting of information will lead to a loss of income and misreporting of income within the Trust.	5	5	25	Commissioning and information resource strengthened. Data collection processes formalised. Escalation process for non PAS related information flows. Improved internal reporting/validation.	Director of Planning and Information	31/03/09	Ongoing	Data Quality Board Info. Gov. Group	4	4	16
023	P&I007	Trust clinical coding will not meet the required standards to ensure that	5	4	20	Function transferred to Commissioning and details for mitigation	Director of Planning and Information		01/12/07	SaFFS St Group Data Quality	3	3	9

Oxford Radcliffe Hospitals

TRR	Ref Num	Description of Risk	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored	L	C	RRN
		all income is appropriately captured.				plan included within risk register				Board Information Governance Group			
024	FP005	Cash Management Maintenance of adequate cash balances for working capital and to support the Trust Capital programme.	4	4	16	Detailed plan in place for management of cash. May involve NHS fixed-term loan of circa £1.6m to support the Capital programme in 2007/08. Included in finance report to Trust Board	Director of Finance & Procurement	Ongoing	Monthly	Finance senior management team	3	4	12
026 027	FP007 PI 002	Failure to deliver Financial Plan The Trust Plan is to deliver a surplus in 2007/08. Savings and income targets remain a challenge Performance improvement projects do not provide sufficient cost reduction for the Trust	4.5	4	18	Plan includes provision of accurate and timely information for monthly Divisional reviews. External support for delivery of plan and associated projects across the Trust. Capacity Plan to be updated to take account of current position and end of year targets. Improved income forecasting in place 2 weekly meetings with	Director of Finance Head of Financial Services (for provision of data and information) Director of Performance Improvement	31/03/08	Monthly	Finance senior management team Weekly performance meetings F&PC and Trust Board	4	4	16

Oxford Radcliffe Hospitals

TRR	Ref Num	Description of Risk	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored	L	C	RRN
						Proj Lead, micro management of key cost reduction projects							
Performance													
028	DIVA001	Failure to meet emergency access target including 4hr wait	5	5	25	Implement ED recovery plan with 24/7 monitoring. Review bed allocation & data collection. PIT aiming to reduce LoS by 10%, especially in surgical areas. Improvement of FoF pathway. Reduce delays to intermediate care -discharge redesign project	Directorate Manager Deputy Director of Operations	31/03/08	Monthly	Divisional Board Directorate Board Executive Board Trust Board SHA	4	4	16
029	PI001	Failure to meet 18 weeks target because of data quality, poor clinical pathways & sustainability	4	5	20	Micro management project. Working with services to review service capacity. Workshops carried out with high risk services to develop patient pathways and engage clinicians.	Director of Performance Improvement	31/03/08	Daily, weekly and monthly	Infoflex steering group, 18 weeks steering group, weekly performance meeting	3	3	9
030	DIVA008	Meeting 18 week referral to treatment target across Renal Directorate	4	4	16	Renal Project team to be established - details within Division A risk				Divisional Boards Executive Board, F&PC			

Oxford Radcliffe Hospitals

TRR	Ref Num	Description of Risk	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored	L	C	RRN
						register				and Trust Board			
031	DIVA003 N002	Privacy and dignity of patients is compromised due to poor physical environment across all three sites (compliance required by 31 March 2008)	5	4	20	Action plan to deliver by year end. HCC Spotcheck. Geratology project key. Chest unit business case being developed. Estates strategy and plan. Single sex wards in place on Level 7, John Radcliffe	Director of Nursing and Clinical Leadership	31/03/08	Monthly	Divisional Boards Governance Committee and Trust Board	4	4	16
032	DIVA011	End of Life Care across the ORH and particularly within Acute General Medicine and Geratology	4	4	16	Agreement to introduce care pathway, building on current practice. Need for project management support for development and implementation has been identified	Director of Nursing and Clinical Leadership	Ongoing	12/07	Divisional Boards Governance Committee and Trust Board	3	3	9
033 034	Div C001 Div C017 Radiology	Achievement of diagnostic access targets - MRI imaging remains a risk Access to Computed Tomography (CT) Churchill Hospital urgency and cancer targets negates	4	5	20	Blitz scanning sessions Max utilisation of lists. Minimise DNAs Maximise MRI capacity on all sites - detailed proposals included within Division C's risk	Director of Operations, C	July 2008	Monthly	Monitored by Directorate & Divisional Board & every 2/12 at Div Gov Board Executive Board, F&PC	3	5	15

Oxford Radcliffe Hospitals

TRR	Ref Num	Description of Risk	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored	L	C	RRN
		waiting lists				register				and Trust Board			
035	Div C002 Radiology	Maintenance of plain film reporting and fulfilling HCC action to introduce 'hot reporting' for urgent inpatient & ED referrals Insufficient medical staff hours to maintain timely reporting service.	4	5	20	Detailed plan in place with regular monitoring (details within Division C Risk Register)	Director of Operations, C	31/03/08	Monthly	Monitored by Directorate & Divisional Board & every 2/12 at Div Gov Board	3	5	15
036	Div B005	Division B and Directorates manage conflicting pressures and risks on a daily basis. Pressure to meet very wide range of access times, the safe isolation and cohorting of patients with infections, gender separation, care of the dying etc. against a backdrop of significant financial constraint at times results in intolerable pressure and a very challenging risk management.	4	4	16	Pressures and risks are a fundamental part of the roles of clinicians and managers. Delivering Performance Improvement Programme will assist with the management of such pressures and will improve the level of risk associated with these activities.	Director of Operations, B	Ongoing	31/3/08	Divisional & Direct. Boards	3	3	9
Use of resources													

Oxford Radcliffe Hospitals

TRR	Ref Num	Description of Risk	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored	L	C	RRN
037	DIVA002	Lack of capacity in haemodialysis compromises service delivery	5	4	20	Detailed plans in place as outlined within Division's risk register	Director of Operations, A	Ongoing	Monthly	Divisional Board Directorate Board	4	4	16
038	DIVA007	Lack of capacity for infectious diseases, diabetes, endocrinology and respiratory medicine	5	4	20	Detailed plans in place to ensure available capacity used to maximum as outlined within Division's risk register	Director of Operations, A	Ongoing	Monthly	Divisional Board Directorate Board	4	4	16
039	DIVA014	Lack of capacity in cardiac (facilities and resources) in most areas resulting in pressure to deliver to demand and targets. Main areas of concern are: Adult Coronary Heart Disease; Electrophysiology, cardiology diagnostics.	4	4	16	Detailed plans in place within cardiac services directorate covering e.g. NSF Task Force Group, extra Catheter Lab capacity or Electrophysiology Cardiac build underway and plans being prepared for service developments (more information in Division's risk register)	Director of Operations, A	Ongoing	Monthly	Divisional Board Directorate Board	3	4	12
040 041	Div C010 Div C012 Paeds	Lack of emergency /dedicated theatre time - Treatment delays - Potential increase in morbidity or mortality for	5	4	20	Use of elective and emergency lists Dedicated and weekly list	Director of Operations, C	April 2008	Monthly	Monitored by Directorate & Divisional Board & every 2/12 at Div Gov Board	2	4	8

Oxford Radcliffe Hospitals

TRR	Ref Num	Description of Risk	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored	L	C	RRN
		<p>patients not scheduled for emergency theatre time. Potential increased LoS and cancellation of non-emergency cases</p> <p>Central Lines - The risk of central line insertion/removal delays because of a lack of theatre time dedicated for this procedure resulting in a potential for treatment to be delayed</p>				<p>Improved theatre utilisation & prioritisation for emergency procedures.</p> <p>Dedicated paediatric emergency theatre time.</p>							
043 046	Div B001 Div B002	<p>Additional operating capacity required to improve access and meet 18 week target. Recruitment still falls well below the required level. Access and income targets are dependent on such an expansion.</p> <p>The shortfall in theatre staffing levels, namely Scrub and Anaesthetics and Recovery nursing staff is met in part by existing staff working long days, overtime, during their days off and at week-ends.</p>	4	4	16	<p>Large scale recruitment campaign is underway. Theatres had dedicated HR resource and formal reviews of progress take place every 2 days. Short term actions to increase capacity in place.</p> <p>Increased focus on management of sickness absence</p>	Director of Operations, B	31/3/08	30/11/07	<p>Executive Board</p> <p>Divisional Board</p> <p>Financial Scrutiny Reviews</p> <p>Trust Waiting Times Performance Group</p>	3	4	12

Oxford Radcliffe Hospitals

TRR	Ref Num	Description of Risk	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored	L	C	RRN
		Sickness rates in Theatres have increased.											
044 045	DIVA009 PI 003	Dependence on locum staff to maintain service provision - cost risks and patient safety issues Failure to recruit nurses and experienced staff to support development/expansion of services i.e. theatres/ paed, and in the general areas to support the reduction in agency usage.	4	4	16	Address all recruitment and retention issues - improved marketing strategy for nursing recruitment. Use R&R premium as necessary. Develop business cases for permanent staff Monitor all agency Nurse recruiter post	Directors of Operations	Ongoing	12/07	Divisional Board Executive Board, F&PC and Trust Board PIT weekly meetings,	3	3	9
047	HR004	Stress - staff may develop high levels of stress due to organisational change, impact of redundancies, poor support from management, inappropriate design of jobs and increased demand. Impact on recruitment and reputation	4	4	16	Occupational stress policy to reduce stress or identify stressors earlier. Support provided by Occupational Health and counsellors. Training for managers to help reduce stressors in the workplace	Director of HR	31/03/08	01/12/07	Joint NSCC HR Committee	2	4	8
048	DIVA010	Timely replacement of equipment within Cardiac	4	4	16	MEPG bids have been approved for new	Director of	Ongoing	Monthly	Divisional Board	3	3	9

Oxford Radcliffe Hospitals

TRR	Ref Num	Description of Risk	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored	L	C	RRN
		Directorate				equipment Patient monitoring is to prioritised in the next round of (MEPG) for the Cardiology Ward & Cardiothoracic Unit	Operations, A			Directorate Board			
Capital projects and development													
049 050	P&I004 P&I005	Insufficient funding available to support implementation of CRS - will prevent the Trust from exploiting the benefits of the National Programme for IT. Lack of clarity and robustness around the programme management	4	5	20	Initial business case sign off by relevant boards. Input of LIMB into the LDP. Increased involvement of PCT in programme. Addendum to business case to be signed off in November 2007. Recommendations from external review now being implemented.	Senior Responsible Officer for CRS Project	31/03/09	01/12/07	Commercial Comm. Executive Board Change Board CRS Programme Board	4	5	20
051	DIVA012	Server failure and commissioning data in Renal Directorate and potential for loss of income	4	4	16	Plans in place within the Directorate. Plans to migrate to OHIS server by October 2007. OHIS team will then provide 24hr cover to renal IT service.	Director of Operations, A	Ongoing	12/07	Divisional Board Directorate Board	2	2	4

Oxford Radcliffe Hospitals

TRR	Ref Num	Description of Risk	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored	L	C	RRN
052	EF004	Insufficient capital funding for maintenance of the existing asset.	4	4	16	Risk assessment re backlog and recent condition survey of estate. Plans outlined within Estates risk register	Director of Estates and Facilities	2011/2012	01/12/07	Melvyn Langford (ex DoH consultant) and benchmarking (ERIC returns)	3	3	9
053	EF007	Insufficient capital funding for statutory legislation and enhanced patient environment Some health, safety and security risks, and sub-optimal patient environment - especially privacy and dignity, infection control and DDA issues.	4	4	16	Detailed plan in place as outlined within Estates risk register. Joint programme of work with Control of Infection Team ongoing to support management of HCAI. Continuing development of new facilities.	Director of Estates and Facilities	2010/2012 an each year end	01/12/07	Benchmarking (ERIC returns) /HBNs Commercial Committee	3	3	9
054	Div B004 Med011 Med012	Cancer Centre has financial & clinical risks. Clinical risks- separating emergency and elective surgery, gynae-oncology from gynaecology, clinical haematology from laboratory haematology and the change of the Churchill into an acute site. Financial risks relate to potential income losses	4	4	16	Commissioning Board and Steering Group to coordinate actions for safe and successful move are managed and monitored by the. Day-to-day management of business case implementation to ensure that appropriate staff are in place.	Director of Operations, B	Ongoing	31/10/07	Executive Board Commercial Committee Trust Board	3	4	12

Oxford Radcliffe Hospitals

TRR	Ref Num	Description of Risk	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored	L	C	RRN
		in the initial years of operation.				Link to FT Application plan							
055	REL001	Inability to recruit sufficient specialist staff e.g. radiographers (diagnostic and treatment), physicists and ICU. Staff required due to expanded service and for double running during commissioning period.	4	4	16	Close liaison with HR re. advertising and flexibility in timing of appointments. Flexibility re. distribution of work and use of agency staff and locums.	Director of Operations, C	01/04/08	01/01/08 01/02/08	Churchill Steering Group User Group	4	4	16
056	REL002	Insufficient space in DSU to accommodate additional TDA patients and DSU will lose some bed spaces due to new link to new build.	4	4	16	Liaison with Estates team to reconfigure DSU and old Theatre space. Project to review TDA process.	Surgery Directorate Manager	30/11/07	30/11/07	Clinical Services SIG. Churchill Steering Group.	3	3	9
057	REL003	Building not completed to programme resulting in delays to clinical commissioning of MES equipment and placing of group 3 equipment and inability to move into the new facility as planned.	4	4	16	Contingency plan to defer moving date.	Relocation Project Director	31/10/07		Commissioning Board Commercial Committee	4	3	12
058	REL004	Uncertainty about provision of Churchill ICU	4	4	16	ICU awaiting outcome of Business Case. Increase number and skills of	Director of Operations, B	31/11/07	31/11/07	Surgery and Churchill ICU	4	4	16

Oxford Radcliffe Hospitals

TRR	Ref Num	Description of Risk	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored	L	C	RRN
		outreach service.				staff on wards (cost implications).				User Group Churchill Steering Group			
059	REL005	Uncertainty about provision of H@N service.	4	4	16	Agree the numbers of medical staff required for the rota. Appoint NNP to train existing night practitioners.	Director of Operations, B	30/01/08	30/11/07	Churchill Steering Group	4	4	16
Reputation													
060	Com001	Internal or external event(s) pose risks to the reputation of the organisation and its management	4	5	20	Communications strategy agreed by Trust Board Awareness raising, robust internal process, Proactive media handling. Robust SUI process	Director of Communications	Ongoing	January 08	Quarterly governance meetings	3	3	9
061	Com004	Failure to use communications team/processes effectively in support of the ORH's business development plans	4	4	16	Clarity of action required (e.g. infrastructure in place and leadership clear)	Director of Communications	31/3/08	Ongoing	Business Planning process/IBP	2	3	6
062	NO09	Failure to meet core standards, existing and	4	5	20	Clear understanding of implications of not	ESH	31/03/08	Ongoing	Executive Board weekly basis	3	5	15

Oxford Radcliffe Hospitals

TRR	Ref Num	Description of Risk	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored	L	C	RRN
		new national targets with result that AHC remains at fair.				achieving. Regular updates through EB, TB and Governance Committee. Individuals accountable for delivery and updates provided				FPC, Governance and Trust Board Divisional reviews Performance Improvement team meetings			