

Trust Risk Register - TRR

The Trust risk register is drawn from individual risk registers presented following risk assessments, validation and the preparation of risk mitigation plans.

Estates and Facilities	Planning & Information	Performance Improvement	Finance and Procurement
Medical Directorate	Nursing Directorate (including information governance)	Human Resources	Medicines Management
Division A	Division C	CRS Project Risk Register (through Project SRO)	Healthcare Associated Infection (HCAI)
Division B	Relocation	Academic Health Science Centre (AHSC)/Academic Foundation Trust (AFT) project	

All risks over 16 (**Red**) are included and grouped into the following risk categories. The risks have been combined and referenced to the individual registers (e.g. Div A001, DivB031, N001) and the risk rating included is that of the highest risk in the set of risks being combined. If a risk falls into more than one category and if one of those categories is safety, the risk has (normally) been included within the safety category. The references to the Divisional/corporate risk registers are included and these risk registers need to be referred to get the full detail of a) the nature of the risk and b) the risk mitigation plans. The lead for each risk is the relevant executive director.

1. **Safety** of patients, visitors and staff (including healthcare associated infections, medicines management, staff well being and health and safety)
2. **Performance** (including all elements of annual health check - core standards, existing national targets and new national targets)
3. **Use of resources** (including staff, equipment, capacity, relocation and CRS)
4. **Finance** (including income and cost improvements)
5. **Reputation** (and the external environment)

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TRR	Ref Number	Description of Risk and date identified	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored at and by	L	C	RRN
Safety													
001	N007 N010	<p>Improvements in patient safety not delivered as comprehensive safety framework not embedded and patient safety compromised</p> <p>Financial situation could divert attention from the safety agenda</p> <p>Staff health and safety compromised and registration with CQC may be compromised</p> <p>Failure to address actions in external reports (e.g. Mid Staffs, Children's Services) compromises safety</p>	4	5	20	<p>Governance arrangements in place incl. Non-executive and Executive leads: ORH in SHA Patient Safety Federation; Patient and Staff Safety Strategies in place. Relevant policies and procedures in place, KPIs, reports (e.g. Annual Audit Report, Risk Report), Trust Clinical Risk Management and Health and Safety Committees in place. Development and roll out of tools, e.g. global trigger tool; policy reviews, information sharing etc.</p> <p>NHSLA level 1/2 assessment Sept 09</p> <p>Safeguarding Children's Steering Group being established.</p>	DNCL	31/03/10	Frequent formal and as required monitoring	<p>Through the governance, safety, quality and risk arrangements in place including Divisional committees, Care Quality Board, Operational performance meetings, Governance Committee and the Board of Directors</p> <p>Monitoring by DH and SHA across a number of areas including SUIs, HCAI, core standard compliance. Monitoring also through Contract Monitoring arrangements in place with PCT</p>	3	4	12
002	HCAI001a HCAI00	Failure to manage all aspects of HCAI including MRSA/ C.diff, to meet 09/10 targets,	4	4	16	<p>Registration with CQC achieved</p> <p>Regular monitoring,</p>	MD	Ongoing	Weekly, monthly, quarterly	Board of Directors Divisional and Directorate Boards	3	3	9

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TRR	Ref Number	Description of Risk and date identified	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored at and by	L	C	RRN
	DIVA006 DivB006 DivB025 DivB028 DivC019	MRSA screening, environmental concerns, CQC registration, decontamination and storage, cleaning etc Environmental issues in theatres and OT				training and proactive activities led by Infection Control Team, matrons and other clinical staff. Action plans in place and liaison working across all areas Specific plans in place for JR Theatres and decontamination facilities				Care Quality Board PCT/SHA Divisions and Directorate Boards Infection Control Committee Decontamination Group			
003	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	Short term and long term measures agreed and implemented renovation of the Neonatal Unit Board of Directors approved additional work on business case in January 2009	COO	During 2010	Monthly	Directorate and Divisional Boards Board of Directors	2	4	8
004	DivC006 Paeds Gynae Maternity Med 006 DivB003	Sustainability of safe services for maternity, paediatrics, gynae and anaesthetics at the Horton Hospital post IRP decision for at least the next two years while PCT develops long term vision for services	5	5	25	Interim plan required following IRP decision. Nov 2008: Interim Plan agreed by Board of Directors and PCT Board in July 08. Plan now being implemented and risks being monitored with key partners Problems experienced in maintaining core plan.	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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						Contingency plan therefore implemented							
005	DivB003	<p>Sustainability of emergency general surgery at Horton challenging.</p> <p>The general surgical and trauma junior medical on-call rota is combined overnight and this presents issues of quality.</p>	4	4	16	<p>Work with the surgeons at the Horton to ensure that emergency provision remains secure.</p> <p>Configuration of cancer surgical services continues to be reviewed as part of clinical pathway management associated with the opening of the cancer centre.</p> <p>Further development of clinical integration is being given greater attention.</p>	COO	Ongoing	Weekly and monthly	<p>Directorate and Divisional Boards</p> <p>Board of Directors</p>	3	4	12
006	<p>MM002-009</p> <p>MM011, 012, 014-016</p> <p>DivB015</p> <p>NO11</p> <p>DivC011</p>	<p>Medicines Management risks associated with:</p> <p>Anticoagulants, Thrombophrophylaxis</p> <p>Insulin use, injectable preparations, prescribing practice, administration of medicines (including to patients with allergies), medicines policies, NPSA alerts (18-22), unlicensed medicines, medical gases, clinical trials,</p>	5	4	20	<p>Detailed plans in place to cover risks involving staff across the Trust.</p> <p>Engagement and leadership from MAC, and linked into governance arrangements - e.g. Divisional and Directorate Board etc</p> <p>Medicines Management reports to Governance Committee and other groups</p> <p>Policy reissues and audits</p>	MD DNCL	Ongoing	Ongoing	<p>Divisional and Directorate Boards</p> <p>Medicines Advisory Committee</p> <p>Care Quality Board, Governance Committee and Board of Directors</p>	3	4	12

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TRR	Ref Number	Description of Risk and date identified	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored at and by	L	C	RRN
		supplies of medicines via Homecare CD issues across Trust and specifically theatres				on specific areas, e.g. theatres							
007	DivC003 Labs	Over activity/ insufficient staffing/RSI in specimen reception, leading to WRULDs (Work related upper limb disorders) in staff, increased staff sickness/absence. HSE may take action if improvements not made	5	4	20	Detailed plans in place within Laboratories Directorate Investment required	COO	31/3/10	Monthly	Directorate and Divisional Boards quarterly at Division C's clinical governance accountability review meeting	3	4	12
008	DivC002 Radiology	Maintenance of plain film reporting and introducing 'hot reporting' for urgent inpatient & ED referrals Insufficient medical staff hours to maintain timely reporting service. Films not being reported and patient safety/treatment/performance compromised	4	5	20	Detailed plans in place for mitigation. Jan 2009: Business case for 2 Radiologists at the HGH approved. Feb 2009: Lack of capacity to perform service. To be addressed through job planning. Radiographer reporting being reinstated at ED HGH to reduce delays. Delays recently audited by CEAC. Awaiting report & recommendations.	COO	31/12/09	Monthly	Directorate and Divisional Boards (Divisions A and C) quarterly at Division C's clinical governance accountability review meeting Clinical Risk Management Committee Care Quality Board	2	5	10

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009	DivC017 Labs N015	Point of care testing is performed with: inadequate staff training, patient identification, result recording, and limited ability to audit testing, incomplete link nursing support structure and no external quality assessment scheme in several cases. ACT Calibration not in place	4	5	20	Detailed plans in place including additional staff and new electronic systems ACT machine testing pads to be purchased to restart calibration prior to development of business case	COO DNCL	June 2009	Monthly	Directorate and Divisional Boards quarterly at Division C's clinical governance accountability review meeting	2	2	4
010	DIVA030 Cardiac	Risk of exposure to staff and patients from radiopharmaceutical within Nuclear Cardiology External inspection by the Environmental Agency 24.2.09 may impact integrity of unit.	5	4	20	Group established to manage Nuclear Cardiology action plan - actions now underway including move of SpRs immediately to L2; Estates to draw up plans for the office to be refurbished so that service can segregate patients; and business plan to be written	COO	31/12/09	Quarterly Monthly	Divisional Board Cardiac Directorate Board Radiation Protection Committee	2	3	6
011	N011	Patients' clinical information could be inadvertently disclosed to a third party due to incorrect details recorded, through reception staff not	4	4	16	Further training to individuals where this has arisen. Check list of all questions to be routinely asked. Audit throughout the year	DNCL	31/3/10	Monthly Quarterly	Information Governance Group Governance Committee	3	4	12

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		verifying details with patients when presenting.				to check this is happening							
012	N012	Loss of portable media containing PID: (USB sticks, Blackberries/mobile phones and Laptops) could compromise patient safety	4	4	16	Regular notices to staff on safe transfer of PID which is also included in training sessions Awareness through Information Governance Group on PID issues Payslips circulation	DNCL	31/3/10	Monthly	Information Governance Group Governance Committee	3	4	12
013	DIVA005 DIVA036	Risks associated with the filing into, the access to health records in a number of areas, including AGM, outpatients and renal clinical at Horton Duplicate records remain a risk to treatment and patient safety Impact across the ORH	5	4	20	Await roll-out of trust culling and scanning of notes projects. Trust case note digitization project is reviewing current physical folder and expected to introduce a safer format. All AGM wards to operate same system and standards for notes handling with the use of temporary ring binders for current episode notes to be suspended. AGM Lead canvassing opinion from AGM Consultants.	COO DF&P DNCL	31/5/09	Quarterly Monthly	Divisional and Directorate Boards Health Records Group Information Governance Group Governance Committee	3	3	9
014	EF007	Health, safety and	5	4	20	Reviews of single rooms,	DF&P	2010/201	Annual	Benchmarking (ERIC	4	3	12

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		<p>security risks exist because of lack of capital funding for statutory legislation, enhanced patient environment, control of infection and carbon reduction strategy.</p> <p>New "central" directives require a speedy resolution e.g. Privacy & Dignity, Control of Infection and DDA to be adopted. RRN has increased.</p>				<p>risk assessment of fire and statutory and high profile given to patient environment in new build schemes & refurbishments.</p> <p>Funding to reduce mixed sex obtained. Joint programme of work with Infection Control Team to support management of healthcare associated infections. New MRSA screening facility proposed. Risk rating number has increased due to new obligations arising from NHS Carbon Reduction strategy.</p>		2 and each year end		<p>returns) /HBNS</p> <p>Commercial Group</p> <p>Physical Resource Group</p> <p>Board of Directors' Review of capital programme</p>			
015	DIVA029 DivB023	Absence of clear pathway for intra-hosp escort compromises safety of acutely ill patients. High risk patients within Horton ED, CCU & Maternity compromised when ED / anaesthetic staff act as escorts out of hours. ED emergency access target vulnerable if escorts default to ED.	4	5	20	Reviewed at Clinical Risk Management Committee 29.1.09 and detailed actions now underway for review within Division A & B. Action Plan developed. Risk will be partly abated by appointment of additional anaesthetists. Action plan will include documented decision-making process, pathway review for stable pacing	MD COO	30/9/09	Monthly Monthly	Divisional Boards Directorate Boards Operational Performance meeting Clinical Risk Management Committee	3	4	12

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						<p>patients, review of long term ventilated patients in AICU and recommendations for investment for nurse escorts.</p> <p>All serious incidents re intra-hosp transfer of acutely ill patients requiring escorts to be reviewed at Divisional Board.</p>							
016	DIVA024	<p>Failure to sustain capacity plan over 09/10 with consequent risks to patient care and safety, emergency access target, demand pressures and clinical quality</p> <p>Could compromise flow in other specialities if patients out lie</p>	5	5	25	<p>Reduce average occupancy to 85%. Develop flexible approach to capacity by keeping 7E and 7F (or equivalent) open with ability to close bays across the Unit when not needed</p> <p>Close monitoring of bed occupancy and review arrangements for discharge planners to support discharge process</p> <p>Max no of patient moves to be agreed with PIT (aim for 2)</p>	COO	31/3/10	Quarterly Monthly	<p>Operational performance meeting</p> <p>Divisional Boards</p> <p>Directorate Boards</p>	4	2	8
017	DIVA017	Transplant - no emergency theatre capacity for patients	5	5	25	Business plan for dedicated 10 session emergency theatre and theatre	COO	31/7/09	Quarterly	<p>Divisional Board</p> <p>Directorate Board</p>	3	2	6

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TRR	Ref Number	Description of Risk and date identified	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored at and by	L	C	RRN
		undergoing transplants compromises patient safety				identified from Mar 09 in Cancer Centre. Division B progressing anaesthetic consultant posts to support all activity.			Monthly				
018	DivB032	Daily ward rounds by Consultants in Oncology do not take place and sub-optimal patient care results.	5	4	20	Options for implementing an improved arrangement being considered. Escalation of this issue has taken place and a system will shortly be imposed if agreement cannot be reached.	COO MD	31/5/09	31/5/09	Directorate and Divisional Boards	2	4	8
019	DIVA019	Risk of iatrogenic foot injury for patients admitted to hospital with peripheral vascular disease and peripheral neuropathy is increased through lack of staff and skills	5	4	20	Increase knowledge of medical and nursing staff in assessment and treatment of foot problems. Currently appointing into post.	COO	31/5/09	Quarterly Monthly	Divisional Board Directorate Board Clinical Unit Meetings	3	2	6

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020	DIVA039	Insufficient ITU - risk of loss of the NCG contract due to inability to maintain activity levels for SPK/Intestinal transplants and risk of loss of >£5m Trust income. Compromise to patient safety with patient returning to the ward following major surgery.	5	4	20	Cancer Centre opening end of March 2009 to provide ITU facilities on the Churchill site - assurances needed that appropriate level of ITU capacity will be provided for transplant. Await the outcome of the Div B critical care strategy Scope for additional HDU capacity in transplant with significant investment and space	COO	31/7/09	Monthly Quarterly	Directorate Board Divisional Board	5	4	20 until ward open and then
											3	4	12
Performance													
021	N009	Failure to meet core standards, existing and new national targets for half year 09/10 and failure to meet criteria for registration with CQC Failure to agree metrics and their delivery compromises performance management and governance and	4	5	20	Clear understanding of implications of not achieving. Regular updates through Executive meetings, Governance Committee and Board of Directors. Individuals accountable for delivery and updates provided - role of Executive Directors to the Board in May 2009 Review of CQC information	DNCL	30/9/09	Ongoing	Operational performance meeting Executive meetings Care Quality Board Finance and performance Committee, Governance Committee and Board of Directors	2	5	10

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		assurances				on arrangement for second half of 2009/10 and for registration process (when available)				Divisional reviews			
022	EF009	Achievement of performance improvement targets such as cleaning standards, patient food provisions, customer care and environmental standards within a very constrained financial envelope	4	4	16	Ensure best practice is observed and adopted. Adopted service monitoring proposals to be extended. Detailed benchmarking analysis and peer group reviews and extended Patient/Customer feedback	DF&P	ongoing	Annual	Care Quality Board (HCAI and standards) Commercial Group, Board of Directors	3	3	9
023	DivB001 DivB031	Striking an effective balance between access targets and quality and safety requirements. 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	4	4	16	Performance improvement programme provides framework through which such requirements are managed. There are clear KPIs designed to mitigate the risks and managing what are sometimes seemingly competing priorities. However, in recent weeks the pressure has once again increased.	COO	31/3/10	30/6/09	Divisional Board Financial Scrutiny Reviews Trust Waiting Times Performance Group	4	4	16

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		challenging risk management. Demand management pressures conflict with all of the above											
024	DivB019	Failure to meet current targets for National Cancer Research Network risks reputation and security of funding. Performance improved sustainability. No longer a risk (wef June 09)	4	4	16	Staffing and nursing management issues now resolved in oncology and need to now focus on haematology.	COO	30/6/09	30/6/09	Directorate and Divisional Board	2	2	4
025	DivB018	Failure to expand endoscopy facility - Trust may fail to become Bowel cancer screening centre. Currently in bottom 10% of Trusts able to offer local population such screening. Concomitant risk to income and Trust reputation	4	5	20	Capital secured. Alternative accommodation for clinics currently taking place in Red OP being identified to allow for building expansion.	COO	30/0/09	30/6/09	Divisional Board Bowel Cancer Screening Group	3	4	12
026	DivC001 Radiology	Achievement of diagnostic access targets - From March 2008 all radiology examinations are to be	4	5	20	Detailed measures in place Dec 2008: Risk should be resolved by end of March 2009	COO	June 2009	Monthly	Directorate and Divisional Boards quarterly at Division C's clinical	2	5	10

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TRR	Ref Number	Description of Risk and date identified	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored at and by	L	C	RRN
		undertaken within 4 weeks of referral The primary risk to achieving the target is MRI imaging Neuroradiology				Feb 2009: Certain areas more high risk than others = risk assessment under review, due March 09.				governance accountability review meeting			
027	DivC005 Labs	Lab IT system - Labs currently use multiple IT systems dependent upon few individuals for support. Systems have been reviewed; a single IT system recommended. Severe governance implications if system fails IT investment requirement for HCAI reporting and monitoring	5	5	25	Proposal to procure a new single IT system for Labs at approximate cost of £50K Dec 08: Specification written and to go out to tender. Timeframe is dependant upon CRS.	COO	Unknown (as system not yet developed/procured)	Monthly	Directorate and Divisional Boards quarterly at Division C's clinical governance accountability review meeting	1	5	5
028	DIVA001 AGM	Failure to meet emergency access target compromises patient care and overall performance Delay admitting medical patients from ED has thereby increased use of MAU to prevent 4 hr target being breached. Impact from other	5	5	25	Work to resolve a) med assess of pts in ED & b) delays obtaining x-rays on ward. Implement ED effective capacity plan and ED escalation plan. Review present system of bed allocation and data collection PIT aiming to reduce length of stay by 10%, esp. in	COO	31/12/09	Quarterly and Monthly	Directorate and Divisional Boards Operational Performance Board Board of Directors SHA	4	4	16

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		factors as well.				<p>surgical areas</p> <p>Improvement of range of care pathways e.g. FoF, Stroke</p> <p>Reduce delays to intermediate care - discharge redesign project</p> <p>Written agreement that radiology tests completed before leaving MAU.</p>							
029	DIVA041	Ward pcs located in public spaces on wards risk: and risk of breach of patient confidentiality	4	4	16	12 hour Jonah reinstated. Generic staff passwords issued. In-house training rolled out with focus on patient confidentiality	COO	30/6/09	Monthly	Divisional Board	3	4	12
030	DIVA011 N015	End of life pathway for patients in terms of quality of care could be compromised	4	4	16	Pilot sites for implementation of pathway have been agreed. ACNs (Div A & B) meeting to scope clinical expertise and resources. To identify resource to implement across divisions with ESH	DNCL	31/3/10	Quarterly Monthly	Divisional Board Directorate Boards Operational performance meeting Care Quality Board	3	3	9
Use of resources													
031	EF001	Risks arising from imbalance between funding and standards of	5	4	20	Additional revenue to be sought. Limited success to date hence risk rating	DF&P	Ongoing	May 09	External benchmarking review under way.	5	3	15

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		service required and funds to support all Trust strategies and business cases (capacity, environment, performance) Specific issues for ITU/HDU, transplantation, renal and endoscopy (and Churchill site)				remains unaltered. Rating could rise due to increasing costs arising from both cleaning services, to support control of infection requirements and energy supplies.				Directorate business plan being prepared Commercial Group Monthly review by DE&F			
032	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	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.	DF&P	2011/2012	May 2009	Benchmarking (ERIC returns). Detailed review of backlog risk profile under way and linking to EF05 and 6.	4	4	16
033	DivB004 (See also REL010-	The move of all clinical services to the cancer centre remains to be completed. The move of	4	4	16	Working practices and their associated costs and risks being kept under review. The cancer centre steering	COO DF&P	31/7/09	July 09	Commissioning Board Cancer Centre	3	4	12

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	013)	<p>Haematology has been delayed as new location not fit for purpose. The transformation of the Churchill Hospital into a busy acute site managing highly complex patients, the full functioning of the hospital at night and ensuring an appropriate balance of activity between the JR and Churchill remain as challenges.</p> <p>The financial risks associated with the move are the losses that will be incurred in the initial years of operation in the context of the Trust's application to become a Foundation Trust.</p>				<p>group continues to meet.</p> <p>Project Group established to ensure a safe and effective transfer of haematology.</p>				<p>Steering Group</p> <p>Divisional Board</p>			
034	DivB033	Building function problems are occurring in the new Cancer Centre that are having serious implications on work flow, ventilation in theatres, quality of flooring, reliability of	4	4	16	Problems clearly identified to Relocation and Estates. Remedies being sought to resolve problems	COO	31/7/09	30/6/09	Cancer Centre Steering Group	3	3	9

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		bleep system are just some examples.											
035	DivB010 DivB022 DIVA033 DIVA042	<p>Ageing Equipment in specific areas (and across the ORH) compromise service delivery, performance, quality and safety</p> <p>Theatres, Anaesthetics and Critical care Directorate:</p> <p>Cardiac Services</p> <p>Surgical Equipment that is responsibility of other Directorates to replace but may not be prioritised</p> <p>Horton endoscopy</p> <p>Laboratories and radiology equipment</p>	4	4	16	<p>Proposals for theatre equip to be rationalised - aim for planned replacement programme. Promote requirement to prioritise surgical equipment in theatres by surgical specialties at MEPG.</p> <p>MEPG programme is under-resourced and funds may now be reduced by 50% which will greatly increase this risk. Tranche 2 of this year's capital programme still to be agreed.</p> <p>IABP Benchmark ORH to determine number of devices available for ORH level of activity: This should inform MEPG bid</p>	COO	Ongoing	Monthly	<p>Physical Resource Group</p> <p>Divisional and Directorate Boards</p> <p>Operational Performance meeting</p> <p>Board of Directors</p>	3	4	12
036	DivB021 DivB020 DIVA009 DivB027 DivC018	<p>Staffing constraints and workload pressures impact on services</p> <p>Line Insertion Team</p> <p>Day Therapy Units</p> <p>Cardiac services - impact</p>	5	4	20	<p>Detailed plans in place to make necessary improvements working with appropriate directorates</p> <p>Recruitment and retention initiatives - nurses, doctors and all support staff e.g.</p>	COO DHR	Ongoing	Weekly Monthly	<p>Divisional and Directorate Boards</p> <p>Workforce Group</p> <p>Operational performance and cost improvement</p>	3	3	9

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	DIVA026 DIVA032 DIVA040 DivC014	on Hospital at Night Lack of sufficient anaesthetists Pharmacy and therapies Radiologists (support to ED) Single Horton Cardiologist Obstetric staffing Orthogeriatrics support				pharmacists and therapists, admin and clerical staff Anaesthetics gap remains despite reduction in number of operating lists in 09/10; review to address real shortfall. Obstetrics cover for Delivery Suite etc, EWTD Funding needed for orthogeriatrics				meetings Board of Directors			
037	DIVA018 Renal	Lack of beds on transplant ward to cope with patient demand resulting in transplant outliers being admitted to other wards.	4	5	20	Bed capacity increased in 2008 from 10-12 beds on Transplant Ward - detailed measures in place to use additional capacity in short term and to increase medical staffing Transplant pharmacist reviews all patients	COO	31/10/09	Quarterly Monthly	Divisional Board Directorate Board Clinical Unit Meetings	3	3	9
038	DIVA035	Stroke unit admission not available to all stroke patients. Impact on performance, audit results, reputation of Trust. Additional risks to quality of care and to staff morale and sickness	4	4	16	National Stroke Strategy presented to Div Board Dec 08 & phased response paper presented to Div Board Jan 09. Phase 1 funding agreed. Paper to Executive meetings & Planning Board approved	COO	Ongoing	Monthly Quarterly	Directorate Board Divisional Board	2	4	8

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		rates.				with revised financial info. Short Term: Regular Stroke team meetings to focus on reducing waiting list for acute stroke unit; creation of a 'step down facility' (?ward 7E), run as a continuation stroke unit (using recognised national guidelines)							
039	DIVA034 Cardiac	Lack of capacity (as identified in the FBC for expansion) in most areas resulting in pressure to deliver to demand and targets through too few facilities with too few resources. Main areas of concern are: ACHD; Electrophysiology & cardiology diagnostics	4	4	16	Build on the work of the National Service Framework (NSF) Task Force Group. Increased Catheter Lab capacity provided additional capacity. Continue to modernise the service re scheduling of activity	COO	To be confirmed	Monthly Quarterly	Directorate Board Divisional Board	2	3	6
040	REL010 Note: Risks to be Div B in future	Inadequate number of theatres for activity required to meet targets.	5	4	20	Options for theatre utilisation across the Trust under consideration to establish long-term solutions	COO	Tbc	30/6/09	Divisional Board	4	4	16

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TRR	Ref Number	Description of Risk and date identified	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored at and by	L	C	RRN
041	REL011	Insufficient capacity in Day Surgery due to increased services on Churchill site especially once Head and Neck move.	4	4	16	Solution for Day Surgery dependant on theatres Business Case (see 40 above).	COO	30/9/09		Divisional Board	4	4	16
042	REL012	Capacity in Cancer Intensive Care Unit (CICU) will not be sufficient for the expected number of cases, especially once Head & Neck move. High risk of patients requiring HDU being placed on wards	5	4	20	Business case being prepared to go through Trust Capital rather than PFI variation, to fit out shell space with 3 more beds.	COO	30/11/09	Monthly	Divisional Board Physical Resource Group	5	4	20
043	REL013	Bed pressures mean that GI wards may have to have patients in unfunded beds. In particular endocrine patients have no home ward till H&N move. GI wards not staffed to take these patients.	5	4	20	Senior Nurses and Directorate manager reviewing staffing plans against current workforce strategy.	COO	Tbc	Monthly	Divisional Board	5	4	20
Finance													
044	F015	Failure to deliver performance	5	5	25	Rigorous Board-led review and agreement of plans	DF&P	Ongoing	Weekly, monthly	Divisions and Directorate Boards	3	4	12

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TRR	Ref Number	Description of Risk and date identified	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored at and by	L	C	RRN
	DivB031	<p>improvement and cost reduction programme compromises financial performance, standing, reputation, services and FT application</p> <p>Reductions in management capacity will impact on performance</p>				<p>with full engagement of divisions and clinical teams</p> <p>Support from performance improvement team</p>	COO			<p>Operational performance meeting</p> <p>Finance and performance committee</p> <p>Board of Directors</p>			
045	P&I001	Commissioners will be unable/ unwilling to fund current levels of activity and activity in 2009/10.	5	5	25	<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.</p> <p>Increased clinical involvement in contract negotiations. This will be maintained in contact monitoring and management phases.</p>	DP&I	31/3/10 (end of contract period)	Monthly	<p>Operational performance meeting</p> <p>Income Board</p> <p>Finance & Performance Committee</p>	4	5	20
046	P&I004	Problems with the recording and reporting	5	5	25	Measures in place and commissioning and	DP&I	31/3/10	Monthly	Data Quality Board (reports to	4	4	16

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TRR	Ref Number	Description of Risk and date identified	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored at and by	L	C	RRN
		of information will lead to a loss of income and misreporting of income within the Trust. Risk heightened by introduction of HRG4.				information resource strengthened. PCT data challenges considered at Income Board. Training and awareness exercise across Trust				Information Governance Group) Income Board			
047	P&I007	Trust clinical coding will not meet the required standards of accuracy, timeliness and comprehensiveness to ensure that all income is appropriately captured. Problem for both front line services and patient therapy services	5	4	20	Function transferred to Commissioning Revised management and staffing structure with detailed measures now in place to manage and mitigate risk Objective in 2009/10 is to strengthen links with individual services and clinicians	DP&I	Ongoing	Monthly	Income Board Data Quality Board (reports to Information Governance Group)	3	3	9
048	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 WW and CHOX; Nurse recruitment; BUPA network policy; Delays in	5	4	20	Need both Wytham Wing theatres Marketing plan being implemented. Considering overseas market Need better process in WW and CHOX Recruitment in place Working with BUPA to find	COO	Ongoing	Monthly	Operational performance Meeting Board of Directors/Audit Committee	4	4	16

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TRR	Ref Number	Description of Risk and date identified	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored at and by	L	C	RRN
		agreeing Capital programme; Poss. purchase of Manor by new owner Savings may reduce staffing and ability to bring in income for Trust				solution to network issue Private patients' infrastructure now developed.							
049	FP005	Cash Management Inability to meet the stringent requirements for cash management demanded by Monitor for a Foundation Trust	4	4	16	Detailed plan in place within Finance to manage risks through number of measures including better monitoring, operational controls, training etc.	DF&P	Ongoing	July 2009	Finance Senior Management Team	2	4	8
Reputation													
050	DIVA003 N002	Privacy and dignity of patients is compromised on the Medical Assessment Unit specifically, and across ORH as a whole with an impact on perception and reputation with patients	4	4	16	LoS on MAU to be reduced to 12 hours Operational policy for patients that breach MAU in final draft. Increased focus on provision of appropriate accommodation and placement of patients	COO DNCL	30/6/09	Quarterly Monthly	Divisional and directorate Board meetings Operational performance meeting Care Quality Board Board of Directors	3	4	12
051	P&1003	Failure to gain PCT support will jeopardise Foundation Trust	4	5	20	For financial issues see above. Clinical liaison meetings established. Trust identifying with PCT	DP&I	30/9/09	Monthly Two-weekly	Foundation Trust Steering Group Board of Directors	3	5	15

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TRR	Ref Number	Description of Risk and date identified	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored at and by	L	C	RRN
		application.				opportunities for Trust to contribute to public health agenda. Business planning framework addresses PCT strategy.							
052	P&I008	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	Programme leadership and management arrangements being reviewed in light of panel feedback.	DP&I	tbc NB reapplication timetable not yet confirmed.	Monthly	Implementation Steering Group Board of Directors	4	4	16
053	P&I009	Failure to achieve Foundation Trust status will adversely impact on reputation.	5	5	25	FT project plan being updated. Detailed risk register drawn up as part of project management arrangements.	DP&I	31/3/10	Monthly	Foundation Trust Steering Group Finance and Performance Committee Board of Directors	3	3	9
054	P&I010	Failure to develop partnerships, e.g. with PCT and GPs, compromises improvements to emergency care pathways and care of patients with long term	4	4	16	Work being done through liaison with GPs and PCT and through Better Health Programme Board Monitoring of contracts etc	COO	Tbc	Tbc	Operational performance meeting Finance and Performance Committee	3	3	9

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TRR	Ref Number	Description of Risk and date identified	L	C	RRN	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored at and by	L	C	RRN
		conditions Potential to compromise activity/finances and reputation through lack of collaborative demand management								Board of Directors			
055	DNCL	Failure to develop and maintain public membership through delays in AFT application compromises wider challenge to support patient and public engagement	4	4	16	Active programmes in place with direct engagement with members and with patients and the public	DNCL	31/3/10	Monthly	Foundation Trust Steering Group Board of Directors	3	3	9

Key:

DNCL Director of Nursing and Clinical Leadership	DP&I Director of Planning and Information	DF&P Director of Finance and Procurement	COO Chief Operating Officer
MD Medical Director	DHR Director of Human Resources		