

Corporate Risk Register

Strategic Theme: Our Partners

ID	Risk Owner	Title	Description	Cause	Effect	Initial			Controls	Current			Reviewed Actions with updates	Action Target Date	Target		
						Likelihood	Consequence	Initial Score		Likelihood	Consequence	Current Score			Likelihood	Consequence	Target Score
1111	Ben Attwood	Patients might not receive the right care in the place at the right time	Due to lack of capacity and ineffective working practices across the system there is a risk that patients might not receive the right care in the place at the right time which may effect patient outcomes, experience and staff morale.	Out of hospital care delivery capacity to meet current demand across various teams, failure to get sufficient engagement from partners to effect changes in care delivery, silo working practices across the system, lack of experience of out of hours teams, Urgent care program does not address the issues - Lack of sufficient provision of domiciliary care	The ability to deliver national A&E targets, patients waiting longer and delay impacting on patient flow or not being diverted to appropriate area of care, patients not seen in a timely way. Poor bed availability. Reduction in staff morale. NHS compliance and contractual standards not met. Increased costs from use of temporary staff or from penalties from NHS England. Decline in positive patient experience and poor clinical outcomes. Ability to develop positive partnerships with GPs and primary care	3	4	12	Monitoring of performance and access targets covering DTOCs, ED and patient experience, monitoring of CaRE team service developments Increase the number of care hours delivered beyond 110,000 threshold, Partnership working (Quality Priority) Implementation and monitoring of quality priority 2: safe discharge and priority 4: stakeholder engagement and partnership working Accountable care working principles plus Urgent care improvement plan: NHS 111 First project, Home First across Oxfordshire (measured via reablement team pick-ups), plus emergency Planning across the system Weekly monitoring programme of 4 hour wait and urgent care Bi-weekly liaison meetings Implementation and delivery of Care 24/7 project and monitoring of action plans. Integrated Quality Improvement Programme (Outpatients); Patient Initiated Follow-ups (PIFU), Attend Anywhere blended clinics, Remote Blood Testing, Outpatient Improvement Steering Group	3	3	9	Physician in ED (Additional Support) to reduce admissions and signpost to primary care support where necessary Complete the integration of supported discharge BOB work streams to address DTOC and flow issues Population Health within Cerner will help to give increased visibility and joined up care, procurement and rollout of Cerner population health functionality will improve the Trust's capability to deliver integrated care records within the region. Discussions ongoing within the ICS and the broader region on joined up data for care and secondary purposes. Identify opportunities for supporting the sustainability of primary care Improvement of GP engagement channels	31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2024	3	2	6
1112	Andrew Brent	Risk to the delivery of internal trust quality improvements	Due to the lack of capacity and resources available for QI there is a risk to the delivery of internal trust quality improvements and to influence system-wide quality improvement effecting the learning and improvement culture across the ICS	Insufficient capacity to deliver quality improvement initiatives, lack of resources across the system to enable quality improvements to take place, lack of a joined-up QI process across the ICS	Quality improvements across the system are not taken forward Collaborative working may not be promoted A positive culture change and productivity enabled by QI is not delivered Potential financial and efficiency savings associated with QI are not fully realised Potential improvements to patient care and experience are not fully realised	3	4	12	Quality Improvement events and tools in place at OUH and other providers Forums to promote quality improvement across the system in place System wide GIRFT review program in development Improvement team input to support development and dissemination of QI initiatives Development of tools to promote QI in new OUH reporting system (Ulysses) Integrated Quality Improvement Programme - Quality Improvement and Safety Programme. QI Education Strategy implemented with range of QI learning opportunities to support staff understanding, participating in, leading and supporting QI projects. Quality Service Improvement and Redesign (QSIR) methodology embedded within this strategy in OUH and introduced across BOB oQI integration - QI stand-ups and QI hub oGIRFT / 7 Day Services processes developed	3	3	9			3	2	6
1142	Lisa Glynn	ICS arrangements causing risk of lost opportunities to service delivery	Due to the introduction of new ICS arrangements and other national factors (such as change in government policy) there is a risk in relation to lost opportunities to service delivery that might effect patient outcomes	Higher level of uncertainty on reporting needs (potential for increased reporting) Lack of capacity to engage with ICS governance arrangements (potential for dilution of current staff resources), Lack of clarity on decision making points / lack of opportunities to discuss service delivery options with wider system partners	Increased assurance flows Financial impact (agreement across ICS) Lack of progress on local issues / lost opportunities for service delivery Lack of impact on patient outcome and patient experience	3	4	12	Urgent and Emergency Care Board in place Draft Place based agreement	3	4	12	Acute Provider Board developing MOU and SOD to follow Development of MoU's and supporting Committee ToR Attendance at key ICS meetings, remain focused of UEC and Elective Care (via current structures) Engagement in key development meetings / workshops	31/12/2024 30/09/2023	3	1	3
1150	Andrew Brent	Risk to delivery of research activity	If the trust is not able to increase the portfolio of research activity (and innovation activity) to pre Covid levels the is a risk to delivery of research activity that might effect reputation/finance	Research staff being diverted to other activities, ability of projects to be restarted and potential loss of research subjects	Reputation, financial impact on further funding	3	3	9	Regular research approvals group set up Vaccine and UPH studies ongoing Regular reports to TME BRC application in process Monitoring at JEG and SPB	2	2	4			2	1	2

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1114	Andrew Brent	Failure to respond to the results of diagnostic tests	Due to inconsistencies in the process and behaviours there is a risk that there may be a failure to respond to the results of diagnostic tests that may effect patient care	Inconsistencies in the endorsement of results process at the trust, human behaviours meaning some results endorsement is not noted	Potential for urgent results to be missed and not acted on, patients may be administered wrong treatment or no treatment, impact upon patient experience and safety (related incidents reported on this subject), disease processes and prognosis due to delayed detection	3	4	12	Result Endorsement levels are reported to clinical governance monthly by divisions Performance managed in performance reviews meetings Auto Reporting policy (updated) Reporting - by user level for quality purposes. QI summit undertaken with improvement in performance of results endorsement to above 85%. Integrated Quality Improvement Programme (Outpatients) - Ophthalmology Single Point of Access and transfer of images PSIRF Thematic PSII Group established to lead Quality Improvement initiatives around results endorsement	3	3	9			2	2	4
1115	Matt Harris	Increased patient safety incidents due to inability to find information from a mix of paper and IT record systems.	As a result of the mix of paper and IT record systems to record patient information there is a risk of increased patient safety incidents that may effect patient care.	People: Lack of knowledge of different processes (managing paper and EPR) Process: Mix of paper and electronic clinical records whilst moving to paper lite working (20 plus systems), multiple paper record systems across specialities Technology: Potential failure of accurate reporting and poor data quality due to the implementation of the electronic patient record system (EPR)	Contemporaneous notes are not accurately maintained Inaccurate and inefficient reporting Difficulties in following patient journey Increase in incidents Clinical advantages may not be delivered Lost records Quality of care for patients / patient safety may be compromised Increased legal costs Poor CQC rating and public opinion Meeting the requirements of the regulators	3	2	6	Incident reporting metrics and reporting against digitised processes, Data security incident response plan in place Medical and Nursing documentation implementation Data Quality procedures in place including the review of breaches or near misses, and the operation of the Information Governance Data Quality Group which meets every 6 weeks. Beyond Trust (Privileged Access Management software) and appropriate local computer administrative rights to control software installations are in place. A process to identify and remediate the root cause (scan and remove old paper) Integrated Quality Improvement Programme (Outpatients), Admin and Digital Integration (Admin Review) process map project, Annual program of data protection audits to be undertaken internally DSP staff demonstrate a good understanding of their roles and responsibilities. Data Quality controls: key personnel: DSP Manager, a Senior Information Risk Owner (SIRO), a Caldicott Guardian and a Data Protection Officer in post. Trust assures good management and maintenance of identity and access control for its networks and information systems- evidenced through spot checks and validation assessments of leavers to disable accounts. Software Asset Management tooling (SAM) in place Digital Oversight Committee and Digital Service Workplan	3	2	6	CDW 2.0 case (if approved and implemented) the programme will deliver a detailed data baseline to support quality improvement Paper light working across whole Trust Migration to 100% digital solutions from present paper processes to new digital solutions, options appraisal, and business case for changes to EPR developed	31/03/2024 31/03/2024 31/03/2024	3	1	3
1121	Andrew Brent	Medicines may not be stored securely and safely	As a result of poor medicine safety audits and the lack of ability to progress actions there is a risk that medicines may not be stored securely and safely and in line with regulatory requirements that might effect standards are care.	The findings relating to the safe and secure storage of medicines audit finding and the results of previous SIRIs relating to this area in the past indicates staff may not safely and securely store medicines due to the lack of ability to progress actions	Patient safety and clinical outcomes, standards of patient care, financial and regulatory penalties, the ability of the Trust to recognise and react to potential safety issues and potential loss of reputation & patient experience	3	4	12	Local weekly checks on medicine storage. Trust-wide and Divisional action plans with monthly monitoring via CGC. Medicine Safety Group Medication on electronic ordering and invoicing low risk and high bulk items on NHS Supply chain, Safe storage of medicine reviews by pharmacy Project manager appointed in Pharmacy	3	3	9			3	1	3
1128	Mark Holloway	Loss of electrical power across JR and NOC site	Due to aging power plan there is a risk of loss of electrical power across JR and NOC sites resulting in potential of major loss of clinical services.	The ageing power plant on JR and NOC site (JR132 20, NOC007 20) The power plant's limited access to spares and limited back up power generators The ability of the ageing power plant to cope with current load Some clinical kit may not be on local battery backup	Patient Safety and welfare and increased morbidity or mortality The potential delay to theatre start up times Loss of IT infrastructure, Adverse publicity / media involvement Loss of reputation, (potential financial loss through prosecution / litigation),	4	4	16	Uninterrupted power supplies in higher risk areas such as theatres. Local service continuity assessments in place and business continuity plans in place. All clinical equipment has battery backup and tests regularly batteries are replaced annually Reliance on generators (tested offline) (PFI generators tested overnight)	4	3	12			4	2	8

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				The limited efficacy of the generators Lack of knowledge regarding start up connections of generators. Inability to quantify the scale of service disruption due to incomplete testing of generators. The Churchill PFI's: Repeated failure of HV cable between main Trust incoming panel and OCDEMsubstation.	Regulatory Compliance												
1129	Mark Holloway	Slips, trips and falls and to staff and visitors in old parts of the Churchill	Due to poor fabric of the building in certain locations there is a risk of potential slips, trips and falls and to staff and visitors in old parts of the Churchill effecting patient and public safety	The poor fabric of the building in the old parts of the Estate at the Churchill, including: Leaking roofs on the Churchill site (pharmacy, old Churchill corridors and other old areas of the Churchill estate), (CH083 20, CH090 20) and Churchill PFI: Water Ingress from roof	Accidents / Injuries to staff, damage to equipment, stores, goods, Trust property by water, possible delays to the delivery of drugs from pharmacy, operational service continuity/delivery of activity. Reputation (potential financial loss through prosecution / litigation), regulatory compliance.	2	5	10	Relevant actions to mitigate risk of slips in local areas owned by local managers. Replacement of areas of damaged flooring because of water damage. Churchill PFI: collection receptacles above ceilings in place to avoid ingress into patient areas (no reported incidents)	2	4	8			2	2	4
1130	Mark Holloway	Regulatory compliance of ventilation plant	As ventilation plant is old in some locations there is a risk to patient and staff safety that may effect regulatory compliance	The ventilation plant being beyond its useful economic life on Churchill and in TSSU on the NOC site (CH086 20, NOC006 20)	The guarantee of clean air supply in certain areas, Patient Welfare and the ability to provide adequate heating and cooling, Patient Safety, Adverse publicity / media involvement Loss of reputation, Regulatory Compliance	4	4	16	Annual testing and air monitoring processes Actions to target: AE report to be reviewed and detailed actions to be included in Estate's action plan tracker. Assurance is being obtained that Cell Path labs in Churchill local exhaust evacuation systems are being validated, if not: Need air monitoring processes in place and validation will be arranged	4	3	12			4	2	8
1131	Mark Holloway	Estates management and maintenance arrangements	As a result of actions identified via audits and poor fabric of the estates there is a risk to patient and staff safety from the water systems in certain buildings effecting the trust reputation.	A number of priorities have been defined by the AE regarding management and maintenance arrangements which need to be progressed	Patient Safety including contracting of Legionella and Pseudomonas Adverse publicity / media involvement, Loss of reputation, Regulatory Compliance	4	4	16	Increased management review at the Operational Water Group which is a sub group of the Water Safety Group and resourcing of actions to include implementation of Point of Use Filters and improved record keeping Increase contract maintenance/sampling and checks to implement AE recommended priorities Investment in infrastructure upgrades to improve pipework and vessels. Implementation of L8 Guard	4	3	12			4	2	8
1132	Mark Holloway	JR WW stairwell, risk of potential self harm to patients and public	Due the the height of the balustrade on the John Radcliffe West Wing stairwell there is a risk of potential self harm if an individual were to climb over the existing balustrade/glazing effecting safety to members of the public and patients.	As a result of the height and accessibility of the existing structures of the balustrade and glazing in the JR West Wing (it is noted current install is building regulations compliant, but Board consider that additional mitigations are required).	Potential physical and psychological harm to public, staff or patients. Potential loss of life, adverse publicity / media involvement, loss of reputation, potential financial loss through prosecution / litigation, regulatory compliance	3	3	9	Staff understand MH patients' level of need take additional mitigations, where necessary (strong local controls in place and tested). Technical inspection carried out by Gleeds Surveyors who confirmed compliance. Programme drawn up for proposed works to be carried out, and initial cost obtained. Changes in security arrangements on wards with additional swipe access introduced	5	3	15	Task and Finish Group to develop detailed suicide prevention plan	07/07/2023	5	1	5
1141	Andrew Brent	Administration of medical air	Due to poor controls over the administration of medical air as opposed to oxygen there is a risk of increased incidents effecting patient safety	Poor controls over administration of medical air	Increased Incidents Patient safety Reputation	3	4	12	Medical Air related policies in place Awareness sessions Review and reporting of related incident trends to inform further safety messages	3	3	9			2	3	6
2519	Elaine Armstrong	Level 1 Patient Safety: Level 1 bed space not designed for patients requiring advanced multi-organ support.	There is potential for limitation in the ability to successfully intubate/extubate, and provide multi-organ support to patients if there are environmental restrictions to move around the bed space. There is potential for limitations in the ability to provide the maximum rehabilitation, due to lack of space to use the right equipment.	Due to small sized side rooms and smaller sized bed bay areas, there is a potential to limit the ability of staff to move freely around the bed space if all medical equipment is in place (i.e. ventilator, nitric, renal replacement machine, cooling/warming blanket, pump stack).	Potential for inability to admit very sick patients on Level 1 should they require multiple bulky life saving equipment due to lack of space. Potential for the need to close beds to accommodate safe working space for a very sick patient. This is done by using two bed spaces to facilitate safe movement of staff. Potential for catastrophic patient harm or death if there is a delay in delivery of time	4	5	20	Completion of environmental safety check by staff and bed space cleaning every shift. Use of airway proforma to assess the usability and safety of the bay area and side room when completing high risk tasks such as intubation/extubation. Consideration of using alternative rehabilitation equipment/bed space to perform the rehabilitation e.g. for patients in the side room: if IPC able to perform rehabilitation in open bay with empty bed spaces. Consideration of using alternative rehabilitation equipment/bed space to perform the rehabilitation e.g. for patients in the side room: if IPC able to perform	4	4	16			4	2	8

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			<p>NOTE: Level 2 has wider bay space where equipment can be moved into in an emergency, however the bay space in Level 1 is limited.</p> <p>The presence of medical equipment to support critically ill patients (e.g. renal replacement therapy, nitric, ventilator, warming/cooling blankets) lessens the open workspace for staff to move, and proximity of these equipment to next bed space is increased.</p> <p>Please also refer to environmental assessment of Level 1 and Departmental risks for detailed information (RA 2520, 2521, 2522, 2523, 2525, 2526, 2527, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2555, 2556, 2580).</p>		<p>critical management.</p> <p>Potential for staff harm (e.g. trips and falls, MSK injuries) due to limited ability to move effectively in bed spaces.</p>				<p>rehabilitation in open bay with empty bed spaces.</p> <p>Prior to accepting admission, to consider nursing very sick patients in Level 2 (bed space 8-14) where there is more space for medical equipment to be positioned (e.g. ventilator, filter, cooling blankets, bariatric bed, gantry hoist).</p> <p>To admit bariatric patients on Level 2 due to the risk of beds getting stuck.</p> <p>This will also prevent having to close two bed spaces to accommodate bariatric equipment.</p> <p>To include the environmental assessment during Sit Rep and Systems Approach Meeting (SAM) discussions and plan patient flow.</p> <p>Identify bed spaces in Level 1 for sick patient admission/intensive rehabilitation requirement (i.e. with wider space next to bed space to allow equipment around easily in case of emergency for example Bed 4, 7, 8, 9)</p> <p>Trial transportation of bariatric bed on Level 1 to identify compatibility of equipment with estate.</p> <p>Consider moving patients that are appropriate to be nursed on Level 1.</p> <p>This will create a space ready for admission on Level 2.</p> <p>Completion of Environmental Assessment of Level 1.</p> <p>See attached document</p> <p>Recommendation for OCC to move back to Level 3</p> <p>12.09.24 Discussed at today's sitrep in OCC: agreement has been made between consultant and lead nurse that the side rooms on Level 1 will only be for level1 patients and for patients for palliation.</p> <p>Not to admit new patients in the side rooms on Level1 as high risk of deterioration requiring multiple machines for organ support.</p>								
67	Rainer Buhler	SWON OR 0004 - Limited ICU capacity - due to staffing and space issues there is a potential risk that ICU demand may outstrip current capacity	Demand for ICU outstrips the capacity putting patient safety, experience and clinical effectiveness at risk.	Limited ICU capacity due to shortage of ICU staff and limited estates space for beds	Additional demand leads to higher acuity on surgical wards as sicker patients having to be managed. this could impact patient safety, patient experience, clinical effectiveness. It could lead to targets not being met; the potential for claims and complaints and a risk to Trust reputation due to adverse media coverage. Tertiary services may be affected: Transplant, UGI (oesophagectomies), HPB (Whipple procedure) and Head and Neck cancer surgery -cancellations of non-elective transplants and it might also compromise our ability to maximize the effectiveness of the SPK programme.	4	5	20	Increased demands from complex therapies require critical care post treatment. ITU at JR opened Daily planning of operations to consider bed availability Improved ITU staffing	4	4	16	Maintain record of all cancellations on the day (or the day before) for no ICU capacity. Review these prior to Divisional performance meeting on a monthly basis and inform if volume increasing. Business Case for expansion of TIC at Churchill	29/09/2023 26/07/2024	2	2	4
85	Sarah Smith	MRC -Managing medical patients in outlier wards - there is a risk of harm to patients and increased length of stay	Increased risk of harm to patients who are outlying due to delayed reviews on long ward rounds, lack of access to therapies and discharge planning which increases length of stay.	Medical patients are being looked after in beds outside of the division across all hospital sites in areas that may not have the correct equipment, staff, or expertise. Lack of flow and delays to MOFD patients. Potential risk of falls and delirium linked to increased LOS. Patient selection is not always driven by clinical need.	Patients may not be reviewed in a timely manner. Lack of flow across the hospital, Therapy input may be decreased. Patients medications may not reviewed by a member of pharmacy as often. There may be impacts on other elective services and other divisions, this might impact of medical team efficiency.	4	4	16	Systematic review of medical patients on outlying wards individual medical teams and some nurses A weekend senior medical outlier team can be put in place at a certain threshold but has temporary spend financial implications until sustainable funding in place. Engagement and Involvement of discharge planners in the outlying wards to proactively plan the discharge of all patients including medical outliers to reduce LOS and timely discharge. Matron in Medicine will offer support to outlying wards if there are communication or patient related issues that need escalating. Harm related to medical outliers particularly falls and HAPUs will be monitored through the harm reviews	3	5	15	Review of therapy skill set for teams in specialty areas to establish if there are any gaps in knowledge that would preclude them from delivering therapy to medical outliers. . Division to support discharge planners or Ward teams in outlying wards around complex discharge related to medical outliers.	31/07/2024 31/07/2024	3	2	6

Strategic Theme: Our People

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1614	Laura Bick	PC001 - Inability to recruit & retain staff	There is a risk that we will not be able to recruit and retain sufficient numbers of substantive staff to maintain our current level and quality of service	There are several potential causes including: National skills shortages in some clinical roles (ICU & PICU nursing) Pockets of turnover in specific clinical areas driven by local factors	Assessment of risks to patient safety will need to be done Consideration of diverting patients elsewhere/closing services. This position could increase risk to patient safety and may require consideration of diverting patients elsewhere or even closing services The impact could result in the non-delivery of key objectives / services and result in adverse patient care particularly in critical care settings, financial loss or lead to CQC deregistration	4	4	16	Range of wellbeing support options for managers and staff Workforce planning deep dives in key areas Overseas recruitment in other key staff groups/medical specialties Pipeline of overseas nurses Recruitment and retention plans at Divisonal and service levels Assessments of risk to patient safety in relation to staff recruitment - as required	4	3	12			4	1	4
1616	Laura Bick	PC003 - Sickness Absence	There is a risk that sickness absence levels will continue above the KPI that might impact patient care.	High levels of personal and professional stress, significant and excessive workload as services recover and see higher levels of activity, failure to implement effective workforce interventions such as mediation and interventions to support a culture of civility and respect	Increased levels of staff turnover, difficulties providing safe care and staff absences rise, increase in need for temporary staffing to cover absences, this could result in the non-delivery of key objectives / services and result in adverse patient care particularly in critical care settings, financial loss or lead to CQC registration issues	4	4	16	R3P and other bespoke interventions to support psychological wellbeing, as well as the Psychological Medicine Service Staff are being encouraged to take annual leave and their time off continues to be monitored Wellbeing Check-In Sessions are underway (1,189 completed to 26th Nov) to ensure people are supported in the workplace. Ongoing management of sickness absence cases between HR, managers and OH	3	4	12			2	3	6
1707	Lisa Glynn	Potential strike action leading to operational performance issues potentially impacting on patients	Due to potential strike action there is a risk that the Trust will not meet its planned elective care and urgent care delivery programmes potentially effecting patient outcomes and experience	Potential for strike action in medical staffing (junior doctors group)	Resulting in impacts on operational performance, failure to meet planned elective care and urgent care delivery, that may lead to poor patient experience or potential for patient harm and potential staff well-being issues	4	3	12	Industrial Action Group to plan for possible disruption Proactive comms and staff briefings Full lists of patients cancellations Strike contingency plan and derogations in place Contingency planning and self-assessment of planned mitigating actions undertaken (for junior doctor strike)	2	5	10			1	5	5
2443	Laura Bick	Risk to implementation of staff Sexual Safety Charter, that might impact staff wellbeing	Risk to sexual safety of staff requiring the implementation and adoption of the Sexual Safety Charter (NHSE).	Staff reporting cases of sexual misconduct, linked to the staff survey results.	Poor staff morale and engagement scores in staff survey. Negative impact on staff wellbeing and potential increase in absence. Increase in employee relations cases because of staff experience not aligning with what is defined in our Trust Strategy and policies. May result in poor patient experience and quality of care. Possible reputational damage.	4	4	16	Respect and Dignity at Work Procedure in place ER Team in place - to provide advice Senior leadership training and awareness raising to support a zero-tolerance culture. Freedom to Speak Up team in place for advice Linkages made to the Respect and Dignity at Work Procedure and Sexual Safety Charter (NHSE). OUH have signed-up to the End Sexism in Medicine Pledge with the BMA (July 2024)	4	3	12	Raising concerns website for all staff to be launched ER Team share point site development and launch to support staff in accessing the right resources Work in Confidence platform being sourced for anonymous reporting	26/07/2024 26/07/2024 26/07/2024	3	2	6
2595	Laura Bick	Temporary Staffing Reduction - WTE 700 target achievement	Risk of not being able to reduce our temporary staffing by 700 WTE, and missing our NHSE control target	Divisions are unable to identify and deliver workforce efficiencies and new ways of working. Failure of the divisions to actively identify where and why the growth has occurred, challenging and removing the growth where required. Failure to develop and deliver robust integrated planning processes that align activity, workforce and finance which support the reduction of temporary staffing usage. Failure to identify divisional improved pay controls to protectively challenge spend.	The Trust will not meet its financial target, resulting in the Trust having increased scrutiny from the ICB. Recruitment controls will continue through-out 2024/25 The recruitment controls span wider than non-clinical/8C and above, resulting in clinical roles being subjected to scrutiny by the pay panel. Services may need to be stopped and patients diverted to other Trusts An inability for the Trust to move forward on key Trust initiatives (e.g New Theatre build).	4	4	16		3	5	15	Safe staffing meetings continue to take place to ensure patient care is safe. Pause unfunded services and initiatives. Existing forums support divisions with deep-dives and reviews to assist in identifying areas of efficiency. Performance reviews support with idea generation and governance. There is regular temporary staffing reporting to TME. The Board receives regular financial reports showing the current position. Regular reporting to ICS. HR KPIs are reported on a monthly basis to TME. Increase pay controls to assist in delivering the control target. The Trust could obtain a cash loan	31/03/2025 31/03/2025 31/03/2025 31/03/2025 31/03/2025 31/03/2025 31/03/2025 31/03/2025	3	2	6
2596	Laura Bick	Temporary Staffing Reduction - Patient and Staff impact.	Meeting our financial controls could have an adverse impact on patients and staff.	The pause on recruitment could impact the Trusts delivery of patient care/core services. Low staff morale due to the pay	Increased turnover as staff morale is impacted. Increased number of serious incidents or near misses	4	4	16		4	3	12	The EAP and Occupational Health teams also support staff Staff staffing meeting continues to take place to ensure adequate staffing levels. QIA process around vacancies and bank	31/03/2025 31/03/2025 31/03/2025	4	1	4

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				controls could effect the culture and the Trust's ability to deliver compassionate excellence. A&C roles may be performed by clinical staff, reducing productivity. Due to low staffing numbers patient to staff ratios may not be able to be maintained. Specialist services may need to be closed and patients diverted to other hospital sites. Staff work unpaid hours to maintain patient services, resulting in staff experiencing burnout. Due to lack of shifts being offered, staff could experience poor of cost living. Staff requiring medical redeployment may be impacted by the controls.	Lower staff to patient ratios Burnout results in poor behaviours towards colleagues and patients increasing the number of complaints and employee relations cases. Increase in sickness absence as staff experience work related stress and/or burnout. Increased waiting list times due to insufficient staffing Poor culture as a result of increased workload and a continuation of the pay controls.								supports within ensuring key roles are progressed. There is bi-weekly reporting to Trust Management Executive. Task and Finish groups monitoring data and impact to ensure no adverse effects. Reporting to ICS takes place. Monthly monitoring of HR KPIs and reporting to TME There is a quarterly report on ER cases to the Board. The wellbeing offer is widely publicised. The Staff Psychological medicine services is available to support staff.	31/03/2025 31/03/2025 31/03/2025 31/03/2025 31/03/2025 31/03/2025			

Strategic Theme: Our Performance

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						Likelihood	Consequence	Initial Score		Likelihood	Consequence	Current Score			Likelihood	Consequence	Target Score
1118	Jason Dorsett	Failure to deliver the in-year break even financial plan	As a result of costs being greater than planned and than total income there is a risk that there may be a failure to deliver the in-year financial plan agreed by the Board with the ICS and NHS England that might reduce the funds available for capital expenditure, lead to increased scrutiny by the ICS and NHS England and ultimately require emergency cash funding from the DHSC so that the Trust maintain solvency.	Reduced income caused by a lack of capacity and other factors, lack of robustness of in-year budgets. Budget targets not supported by detailed plans for improvement Resolving operational and quality issues is prioritised above the in-year plans, NHSE control total being set at the largest for any acute Trust in the country and non-recurrent. The centralised development of unamendable plan, with ability to only identify risks. Unfunded cost pressures (in Q1 & Q2). Lack of budget and funding information for the second half of year. Impacts of Industrial Action on financial position unknown. Impact of NHSE Investigation and Improvement work on trust management capacity.	Decisions to reduce capital expenditure. Trust performance and quality is reduced to regulatory minimum. Insufficient cashflow to pay bills as they fall due. Possible NHSE regulatory action, leading to reputational damage and inability to progress financial opportunities. The ability to earn provider sustainability funding (PSF) if quarterly financial trajectory is not achieved. The potential to destabilise Buckinghamshire, Oxfordshire, and Berkshire Integrated Care System. NHSE I&I work may lead to increased scrutiny	4	4	16	Business planning process aligns activity, workforce, and finances and budget setting policy Performance management of Divisions and Directorates that are not on track. and management of capital and working capital monitoring process Contingency against underperformance held by finance In year reforecasting and mitigation plans Financial Governance Review (results reported and action plan developed) Price weighted activity plan across ICS and ICS development of process to monitor delivery of elective activity against Elective Recovery Fund (ERF) (against weighted activity thresholds) Additional robust pay controls in place One person one post to be completed in Q1 Non Pay control panel in place	4	5	20	Financial Recovery Plan in place - with options for further additional controls to be developed 6% CIP savings target introduced across the trust - with monitoring actions during the year.	29/03/2024 28/06/2024	4	2	8
1119	Jason Dorsett	Inability to sustain financial break even duty affecting the ability to invest long term	As a result of productivity levels that are insufficient to cover costs based national average funding levels there is a risk that there may be an inability to breakeven over 3-5 years that might effect the Trust's ability to sustain safe, compliant and effective provision of healthcare.	Historical growth in costs being greater than income (5yrs) The pace of income growth has not being fast enough with limited NHS budget to fund targets and other commissioning expectations A lack of understanding across all staff groups of the drivers to financial sustainability and actions required to solve it. Inadequate capabilities and capacity to deliver major long-term programmes Potential for inconsistencies in funding across ICS Inconsistent approach to capital funding End of Payment by Results and shift to block contract via the Integrated Care System	The provision of adequate funding for long term investment The provision of an adequate buffer against short-term financial problems Possible cutbacks in service quality to the regulatory minimum The ability to clear the NHSI Undertakings on long term sustainability	4	4	16	Develop a set of responses to financial governance arrangements/review recommendations Right sizing planning projects to improve workforce planning Increase capacity to deliver major change projects Commercial ventures to cross subsidise NHS care. Deliver long term financial recovery plan, that links to wider ICS and BOB Longer term view on capital programme in line with Trust Three year plan Temporary staffing reduction work programme, with three working groups focusing on key aspects of this	4	5	20	Develop long term financial plan Development of Master Plans for all main hospital sites and consider potential access to other funding sources	31/08/2023 27/09/2024	4	1	4
1124	Mark Holloway	Insufficient capital funding to cover all major capital schemes	As a result of insufficient capital funding to cover all major capital schemes there is a risk that certain services are delivered in poorer estate for a longer period this may effect service delivery	Lack of sufficient capital funding A lack of clear Trust Estates Strategy A lack of capacity to develop and evaluate Business Cases	The efficient use of space Ability to plan changes to the use of current space impaired Bottle necks that impact on flow (i.e., AICU capacity and) ED (Horton and JR); Radiotherapy, Diagnostic imaging (MRI CT) The loss of significant finance opportunities The accidental exposure of staff to Sars Cov-2 virus and other infectious diseases. Potential for exposure to other water-borne infections that could result in death. Regulatory and standards compliance, including unit arrangement against HBN 04-02 requirement for Critical Care standard Service delivery from lack of funding	4	4	16	Director of Capital and Facilities in place to monitor programme Space Allocation/ Management Policy Investment Policy and Capital Procedures Policy Annual Capital Programme. Agree prioritisation of sites and capital funding, including investment in infrastructure, IT, and medical equipment 6. Use of alternative funding sources (sale of land / charitable funding) 5 Year Capital Plan to align with Master Plan Procedure in place for the management of capital projects from business case to delivery. Financial risk assessment of each project and project contingency planning	4	3	12			4	2	8
1125	Mark	Significant backlog maintenance programme	Due to the significant backlog maintenance programme, there is a risk that certain areas of the estate may be likely to breakdown this might lead to	Lack of sufficient capital funding, a lack of a clear framework for investment and prioritisation. A lack of capacity to develop and evaluate Business Cases, a lack	Bottle necks that impact on flow, the loss of finance opportunities Potential for exposure to other water-borne infections, regulatory and standards compliance, including unit	4	4	16	Estates team in place and PFI contracts / monitoring in place	4	3	12			4	2	8

Strategic Theme: Our Performance

ID	Risk Owner	Title	Description	Cause	Effect	Initial			Controls	Current			Reviewed Actions with updates	Action Target Date	Target		
						Likelihood	Consequence	Initial Score		Likelihood	Consequence	Current Score			Likelihood	Consequence	Target Score
	Holloway		poor estates compliance	of capital envelope	arrangement against HBNs, service delivery from lack of funding												
1126	Jason Dorsett	Lack of sufficient capital funding to cover all the Trust's equipment needs	Due to the lack of sufficient capital funding to cover all the Trust's equipment needs there is a risk that certain services are more likely to experience some equipment breakdowns that might impact on service delivery	Lack of sufficient capital funding	Bottle necks that impact on flow (i.e, Diagnostic imaging) The loss of finance opportunities Regulatory and standards compliance, Service delivery from lack of funding	4	4	16	MEPG Group and process Procurement oversight of equipment ordering Infection Control and H&S Team involvement Suggested risk assessment to manage equipment pipeline	4	3	12			2	2	4
1133	Lisa Glynn	Ability to improve ED waiting times (a minimum of 78% of patients seen within 4 hours by March 2025) potential risk to operational performance	Risk to the organisation's performance of the national urgent care targets effecting patient experience.	Need to work towards a new set of metrics, need to continue to monitor current 4-hour target, culture change to the approach to time critical clinical decisions (within 15 minutes of arrival), need to consider the approach to non-admitted and admitted ED patients. Focus on 12-hour total stay as a flow indicator for the hospital. Potential impacts of Industrial Action on ED trajectory in year. Ability to improve category 2 ambulance response times to an average of 20 minutes across 24/25. Workforce challenges in ED. Availability of physical space within ED. Winter pressures (increases in covid and flu) add to demand and operational pressures.	Potential change in approach to ambulance handover (this could / should go beyond ED into SEU triage, Gynae, Ophthalmology etc). Could lead to the concept of the 'emergency village' Potential change to urgent care system working across BOB. Change in the use and distribution of social care beds and other out of hospital teams Lack of a fully effective bed management system (ability to use data / information effectively to lead to change). The 'care close to home' strategic agenda would need development across the system. Patient flow through the hospital could be impacted leading to further operational issues on elective capacity. Higher level of bed occupancy. Could have a positive impact on patient care and patient experience over time but could also lead to some confusion for patients and the public	3	5	15	Metrics to measure and report on LoS, 111 performance and impact and short stay patient co-hort Urgent care system wide group and improvement plan Monthly A&E Delivery Board monitoring performance- Urgent care Improvement Plan Daily review of A&E breaches by Deputy Director for Urgent Care Site capacity meeting x 4 times a day and daily & weekly stranded patient reviews with system colleagues HGH Urgent Care Centre in place Transfer of Care hub which launched in 2023/24 supporting significant reduction in the number of patients >21 days LOS Live bed system in place	3	5	15	Success of Urgent Care Centre clinical model at Horton Hospital to be replicated at the John Radcliffe Hospital, including extension of opening hours Draft Trust Quality Improvement priorities for urgent care include:- review of streaming model at the JR site- paediatric urgent care pathway review- Flow improvement programme linked to live bed state project- In-reach clinical models into the Emergency Departments Ongoing implementation of Urgent Care Improvement plan in place with 8 key priorities Acute Care Collaborative looking across Thames Valley for supportive help Roll out of Same Day Emergency Care Data Set (SDEC) Oxfordshire Integrated Improvement programme in place focussing on transforming care outside of the acute setting. Focus areas include Hospital @ Home, Single Point of Access and Integrated Neighbourhood Teams	26/07/2024 26/07/2024 31/03/2024 31/03/2024 31/03/2024 31/03/2025	3	3	9
1135	Lisa Glynn	Bed capacity, staffing and ERF funding/ support poses a risk to meeting the elective care delivery plan	Lack of capacity in beds and staffing means there is a risk to meeting the elective care delivery plan (plan to maintain zero 104 week and 78 weeks wait times and to eliminate 65 week waits by Sept 24) that might effect patient outcomes and experience	Specific high volumes specialties need more support (highest volumes via NOTSSCaN), IT / digital processes do not enable effective waiting list management processes. Staffing levels / workforce planning not sufficient to manage long waiters. Availability of mutual aid to support known challenges, support from BOB ICB on safe movement of patients across the system. Availability of ERF funding for challenged specialties. Note link to theatre productivity (this could be a cause of potential issues in performance, in terms of lack of visibility of data such as time in operations, cancellation rates and effectiveness of scheduling). Lack of visibility of estates scheduling could impact on operational performance and service continuity. Impacts of Industrial Action impact on the delivery of the planned activity. NEW NHSP rates may impact of staffing levels that might impact performance	Lack of sufficient useable information to enable the management of the waiting list, length of wait may not meet the planned trajectory to current year end March 25, potential harm to patients through waiting longer, potential for higher adverse outcome, complaints, and litigation.	3	4	12	1.Theatre productivity monitoring could create additional capacity to meet 52ww demands, if better more visible data / information is generated and used. 2.Performance Review process 3.Divisional and Directorate modelling / plans developed 4.Additional analytical support brought in to assist with availability of key metrics 5.Overarching plan for use of independent sector 6.Clinical teams call patients to change bookings Mitigations: 7.Independent sector use 8.Use of BOB capacity. The Trust is signed up to using DMAS and PIDMAS portals for mutual aid and to facilitate patient choice 65 week Milestone Management built into dashboard monitoring process Theatre activity tracked weekly by site, specialty and activity Continue with the arrangement with RNOH and the Portland for complex paediatric spinal surgery Robust validation system in place - to continue and support the move to new RTT reporting system	4	4	16	Link to development of the trust's clinical strategy / supporting long term plans for key services Outpatient - Further Faster Project in place to cover: pre-appointment, management of missed appointments, remote appointments, intervention and throughput and discharge / ongoing care and support. Increase in anaesthetic workforce and worked job plans to align with surgical capacity, resulting in higher theatre capacity and underpinning increase in elective surgical activity compared to 2023/24 FOT Mutual aid to continue to be explored for all challenged specialties; DMAS and PIDMAS to be fully utilised at patient and specialty levels	31/03/2024 26/07/2024 26/07/2024 26/07/2024	3	3	9
1136	Lisa	Diagnostic capacity and impact on cancer and elective	Due to issues with diagnostic capacity there is a risk to our ability to reduce the current	DMO1 diagnostic capacity to meet demand, radiology capacity, service improvement works in	Larger volume tumour sites have the right level of oversight and information to make informed decisions, impact on	4	4	16	Diagnostic activity levels, supported by the Elective Recovery Funded capacity, for the modalities included in the DM01 schedule will support continued improvement	4	4	16	Sign off of Histopathology and Radiology Reporting outsourcing contracts to support anticipated increases in referrals	26/07/2024	2	3	6

Strategic Theme: Our Performance

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						Likelihood	Consequence	Initial Score		Likelihood	Consequence	Current Score			Likelihood	Consequence	Target Score
	Glynn	care targets	backlog of patients waiting for elective care and cancer diagnosis and treatment this might effect patients in terms of harm or poor outcomes	urology may have an impact on performance, clinical decision making via well supported outpatient appointment systems, adequate digital support to ensure that the right information is stored, appointments are scheduled and booked, development of new standards could cause confusion / distract resources away from patient activity. Staffing levels in radiology, pathology and anaesthetics.	2-week-wait performance (in particular Breast screening - breast pathway challenged), achievement of 62-day target, delivery and sustainability of performance to target levels, patient experience / patient outcome could be sub-optimal. Impact on delivery of elective care delivery plan.				in working towards delivering 95% against the 6-week diagnostic standard (DM01) by March 2025 Diagnostic activity plans align with service plans to address elective and cancer backlogs, and the diagnostic waiting time ambition 104-day Clinical Harm Reviews Implementation of TV cancer network staffing strategy agreed via TME				Additional Specialty Histopathology reporting capacity being secured Oversight of ICB to commission Any Qualified Provider (AQP) to support the transfer of clinically appropriate patient pathways from H2 onwards, in order to release acute capacity to more complex patients. Insourcing during H1 under review to consider expansion solutions.	26/07/2024 26/07/2024			
1138	Mark Holloway	Changes in major capital projects, risk of impacts on service delivery	Due to the amount of changes in relation to major capital projects there is a risk of potential impacts on service delivery that might effect patient care	Potential issues with the communication plan during building works, lack of robust QIA of major projects on services that might be impacted and lack of ability to spend over the current capital allocation allowance across the ICS	Poor morale within effected services, potential for H&S issues to arise during building project, potential delays could have impact on service delivery and add to increases in capital spend (over allocation), regulatory action, financial impact and service delivery impacts due to lack of funding	3	4	12	Capital project planning and timelines Capital prioritisation within capital allocation allowance Financial risk assessment of each project and project contingency planning Communication plan QIA of capital projects	3	3	9			1	3	3
1157	Eirian David	Failure to deliver in year Financial Plan (Cash Impact)	Underperformance against the financial plan results in negative cashflow impact and / or increased cash constraints	1) Cash timing of increased expenditure (capital and I&E) and / or decreased income compared to plan 2) Failure to deliver planned cash-releasing CIPs 3) Timing of cash receipts of national / regional funding (e.g. HCDD, pay awards, ERF performance)	1) Insufficient cash available to discharge key functions 2) Increased regulatory reporting / central control if cash support sought from NHSE 3) Need to identify and implement further CIP schemes to support cash-releasing position 4) Decreased liquidity ratio	4	5	20	More frequent and granular reporting of cash position through weekly Operational Cash Committee, monthly Strategic Cash Committee and IAC to enable better oversight and faster decision-making if position is constrained Proactively seeking further cash-releasing opportunities - both in the short-term (e.g. via better debt collection practices) and longer-term (e.g. exploring opportunities for further MES contracts). Proactively submitting NHSE cash support application to enable drawdown if needed Increased senior management oversight (including Executive and NED) through regular meetings to support quicker decision-making on cash matters Increased resource temporarily provided to the Financial Performance team to enable greater focus on identifying and delivering cash-releasing efficiencies	4	4	16			4	2	8
1398	Lee Massie	IM&T Technical debt management	Unsupported Hardware or Software fails and cannot be recovered; causes cyber security vulnerability; or becomes incompatible with supported systems.	Systems are allowed to age with no planning or commitment to or funding for upgrade, replacement, or removal. IM&TS do not have enough resource or funding to replace their supported systems in a timely manner, and departmental systems are often left unmanaged.	Systems become unsupported, so that recovery from failure may not be possible. Security updates cease leading to cybersecurity vulnerability. When other systems are upgraded legacy systems can become incompatible. Potential complete loss of a failed system, or denial of service due to cybersecurity attack. Extended period of downtime while recovery is attempted under best endeavours. Urgent upgrade or replacement required with associated unplanned costs. All of which can cause clinical impact.	5	3	15	Requires much stronger management at the most senior and divisional levels of the trust to focus financial and human resources on the core business of the trust. Consolidate all "IT teams" so that strategic and operational IT activities are consistently applied across the Trust. Apply stringent standards and processes to the development and adoption of new systems. Require departments with their own systems to ensure that they are fit for purpose, up-to-date and supportable on the Trust infrastructure. Implement local software security solution to protect against known threats in the interim. This is an expensive and undesirable control.	5	2	10			4	2	8
2445	Lisa Glynn	Ability to meet delivery plan trajectories for the achievement of Cancer targets	As a result of a range of factors, including faster diagnosis standards, increases in cancer referrals, staffing and availability of funding there is a risk to the delivery of the planned trajectories for the achievement of the cancer targets that might impact on patient care	National faster diagnosis standards (linked to causes in relation to risk 1136), increases in cancer 2ww referral creating pressure on outpatient and day case activity, staffing to support bed capacity and within the oncology teams, complex patient pathways. Potential uncertainty of funding for TVCA schemes. Industrial action impacts on delivery of plan.	impact on patient care and experience and on staff morale and well-being, potential reputational risk due to performance issues, potential for additional scrutiny from regulators and need for additional oversight.	4	4	16	Embed revised 31-day PTL operational report to support escalations and assurance of lean pathway management Cancer manager in post to undertake active monitoring of tailored improvement works Cancer Improvement Plan & five tumour site plans 104-day Clinical Harm Reviews Thames Valley Cancer Alliance	3	4	12	Enhance prehab services to accelerate patients' fitness to proceed Introduction of new Targeted Lung Health Check services Seeking approval of a local referral management guide to redirect inappropriate referrals following GP agreement to urgent benign capacity, and include GP education following monitoring of redirected referrals. Recruitment drive for Oncologists	26/07/2024 26/07/2024 26/07/2024 26/07/2024	2	4	8