



University Hospitals Dorset
NHS Foundation Trust

Risk Register Report

The Quality Committee will review the Trust's significant risks at each meeting, generating actions appropriate following each review.

The Executive Director responsible for each area of risk will take responsibility for presenting to the Committee the current controls and mitigating actions in place.

The Committee is responsible for bringing significant risk issues to the attention of the Board of Directors for acceptance or for agreement of further actions for mitigation

**For the period to end
August 2022 (as on
10/09/2022)**

Risk Register Report

Risk Register

SUMMARY





The report details new, current and closed risks rated at 12 and above, in month.

A risk rating is undertaken using an NHS standard five by five matrix according to their severity consequence and likelihood, as per the Trust's Risk Management Strategy and Risk Assessment Toolkit. There are:

Current risks rated at 12 and above on the risk register	39
Risk(s) increased to 12 and above for review	0
Reduced, closed or suspended risk(s) rated at 12 and above to note	1
Potential new risks for review	0

DEFINITIONS

Movement in month - Key:

	New Risk		A decrease in risk score
	The score remains the same		A rise in risk score

Risk Review Compliance All risks should be reviewed and a progress update added in line with current risk score as set out in the Risk Management Strategy. I.e.

Current Risk score	Frequency of review (minimum)
12 and above	Once a month
8 to 11	Every 2 months
4 to 7	Every 3 months
1 to 3	Every 6 months

Risk Rating Status

Initial	The risk rating identified at the time the risk was entered onto the Trust risk register as an approved risk
Current	The risk rating at the time of reporting (for the purposes of the QC, TMG and Board reports this is the 10 th of the month)
Target	This is the rating value when all identified mitigations and actions have been fully implemented. This risk rating should be in line with the risk appetite for the type of risk identified

Risk Matrix and Risk Scores

See Appendix A and B

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The summary details for all proposed new risks rated at 12 and above are highlighted in the tables (2 and 3) below. The Executive Directors or Risk Leads for each of the proposed new risks will provide a full report to Quality Committee as required

1. 12+ Risks Ranked by grading and associated Executive Lead - Risk review compliance and risk action plan status

Ref	Title	Care Group or equivalent	Risk Rating	Executive lead	Risk review Compliance (see definitions for timescales)	Risk action plan status
1074	Risks associated with breaches of 18-week Referral to Treatment and 52 week wait standards.	Corporate Directorates	20	Chief Operating Officer - Mark Mould	Compliant	Action plan (Oct 2021) uploaded to documents Current action within Risk record
1131	Patient Flow: Risk to harm, compliance with national standards and reputation due to downstream capacity/front door crowding	Corporate Directorates	20	Chief Operating Officer - Mark Mould	Non-Compliant	Action plan within Risk record Out of date actions
1053	Lack of capacity for elective & non elective activity and associated risk to patient harm due to LLOS and NRTR patients	Corporate Directorates	20	Chief Operating Officer - Mark Mould	Compliant	Action plan within Risk record Out of date actions
1387	Demand will exceed capacity for acute inpatient beds - risk to patient safety, statutory/performance compliance & reputation	Corporate Directorates	20	Chief Operating Officer - Mark Mould	Non-Compliant	Action plan within Risk record Out of date actions
1429	Ambulance handover delays - risk to patient harm, performance and organisational reputation	Medical Care Group	20	Chief Operating Officer - Mark Mould	Compliant	Action plan uploaded to Risk record
1460	Ability to meet new UEC National Standards and related impact on patient safety, statutory compliance and reputation.	Medical Care Group	20	Chief Operating Officer - Mark Mould	Compliant	Action plan within Risk record Out of date actions
1604	Delay in securing UHD and wider Dorset New Hospital Programme (NHP) funds	Corporate Directorates	20	Chief Strategy and Transformation Officer - Richard Renaut	Compliant	No evidence of action plan within Risk record
1739	Trust at risk of failing to achieve the required break-even outturn position, resulting in a revenue deficit and a reduction in cash available to support the capital programme.	Corporate Directorates	20	Papworth, Pete - Chief Finance Officer	Compliant	Action plan within Risk record Out of date actions
1740	ICS at risk of failing to achieve the required break-even outturn position, resulting in a revenue deficit, a reduction in cash and regulatory intervention.	Corporate Directorates	20	Papworth, Pete - Chief Finance Officer	Compliant	Action plan within Risk record
1483	Pharmacy Vacancies, Sick and Maternity Leave	Specialities Care Group	16	Acting Chief Medical Officer – Ruth Williamson	Compliant	Action plan within Risk record
1397	Provision of 24/7 Haematology/ Transfusion Laboratory Service	Specialities Care Group	16	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Compliant	Action plan within Risk record Out of date actions

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Ref	Title	Care Group or equivalent	Risk Rating	Executive lead	Risk review Compliance (see definitions for timescales)	Risk action plan status
1401	Current Bloodtrack PDA's are unfit for purpose	Specialities Care Group	16	Chief Operating Officer - Mark Mould	Compliant	Action plan within Risk record
1416	GIRFT and Model Hospital	Corporate Directorates	16	Chief Finance Officer - Pete Papworth	Non-Compliant	No evidence of current action plan within Risk record
1281	Radiation Physics Support Staffing Levels	Specialities Care Group	16	Chief Operating Officer - Mark Mould	Compliant	Action plan within Risk record
1342	The inability to provide the appropriate level of services for patients during the COVID-19 pandemic	Corporate Directorates	16	Chief Operating Officer - Mark Mould	Non-Compliant	Action plan within Risk record
1595	Medium Term Financial Sustainability	Corporate Directorates	16	Chief Finance Officer - Pete Papworth	Compliant	No evidence of current action plan within Risk record
1784	Critical Path Management	Strategy and Transformation	16	Chief Strategy and Transformation Officer - Richard Renaut	Non-Compliant	No evidence of current action plan within Risk record
1642	Midwifery Staffing	Specialities Care Group	15	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Compliant	Action plan within Risk record
1355	Lack of integration between the Electronic Referral System (eRS) & Electronic Patient Record (ePR)	Corporate Directorates	15	Acting Chief Medical Officer – Ruth Williamson	Compliant	No evidence of current action plan within Risk record
1276	Unsafe and delayed patient care due to delays in surgery for # Neck of Femur patients	Surgical Care Group	15	Chief Operating Officer - Mark Mould	Compliant	Updated action plan attached to risk record
1502	Mental Health Care in a Physical Health environment	Medical Care Group	15	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Compliant	Action plan within Risk record Out of date actions
1202	Medical Staffing Women's Health	Specialities Care Group	15	Acting Chief Medical Officer – Ruth Williamson	Compliant	Action plan within Risk record
1393	Endoscopy capacity & Demand	Medical Care Group	12	Chief Operating Officer - Mark Mould	Compliant	Action plan attached to risk record
1647	Ineffective and inconsistent patient handover processes	Clinical and Operational Support Care Group	12	Acting Chief Medical Officer – Ruth Williamson	Compliant	No evidence of current action plan within Risk record

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Ref	Title	Care Group or equivalent	Risk Rating	Executive lead	Risk review Compliance (see definitions for timescales)	Risk action plan status
1591	Information Asset Management	Corporate Directorates	12	Chief Information & IT Officer - Peter Gill	Compliant	No evidence of current action plan within Risk record
1594	Capital Programme Affordability (CDEL)	Corporate Directorates	12	Chief Finance Officer - Pete Papworth	Compliant	No evidence of current action plan within Risk record
1447	Adverse Outcomes For Orthodontic Patients due to COVID restrictions and lack of additional facilities and manpower	Surgical Care Group	12	Chief Operating Officer - Mark Mould	Compliant	2021 Action plan within Risk record. Out of date.
1492	Resourcing Pressures - Staffing	Corporate Directorates	12	Chief People Officer - Karen Allman	Non-Compliant	Action plan within Risk record
1493	Absence, Burnout and PTSD	Corporate Directorates	12	Chief People Officer - Karen Allman	Compliant	Action plan within Risk record
1498	Patient Safety due to inadequate Medical Registrar Out of Hours Cover (RBH)	Medical Care Group	12	Acting Chief Medical Officer – Ruth Williamson	Compliant	No evidence of current action plan within Risk record
1214	Quality and Clinical management of Point of Care Devices	Specialities Care Group	12	Acting Chief Medical Officer – Ruth Williamson	Compliant	Action plan within Risk record
1221	Medical Staffing Shortages - Medicine and DME	Medical Care Group	12	Acting Chief Medical Officer – Ruth Williamson	Compliant	No evidence of current action plan within Risk record
1260	Ensuring Estates are compliant with regulatory standards (SFG20/HTM00) across fire, water, electricity, gases and air handling	Strategy and Transformation	12	Chief Strategy and Transformation Officer - Richard Renaut	Compliant	Action plan uploaded to documents
1386	Cancer waits	Corporate Directorates	12	Chief Operating Officer - Mark Mould	Compliant	Action plan uploaded to documents
1283	There is a risk that we cannot adequately staff radiotherapy radiographer roles due to vacancies and maternity leave.	Specialities Care Group	12	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Compliant	Action plan within Risk record
1292	Outpatient Follow-Up appointment Backlog - Insufficient capacity to book within due dates	Specialities Care Group	12	Chief Operating Officer - Mark Mould	Compliant	Action plan within Risk record
1300	Provision of 24hr specialist care for children (under 18 years) who have mental health needs.	Specialities Care Group	12	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Compliant	Action plan within Risk record

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Ref	Title	Care Group or equivalent	Risk Rating	Executive lead	Risk review Compliance (see definitions for timescales)	Risk action plan status
1303	Therapy Staffing	Specialities Care Group	12	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Compliant	Action plan within Risk record
1771	Radiology Service Demands	Specialities Care Group	12	Deputy Chief Medical Officer PH - Matt Thomas	Compliant	Action plan within Risk record

2. New risks rated 12 and above: to be reviewed at Quality Committee

Site	Ref	Risk Rating	Risk Details. (as described on Datix)	Lead(s)	Date opened	Status
		None				


3. Current risks increased to 12 and above rating in month

Site	Ref	Risk Rating	Details	Update	Risk Owner	Lead Executive	Date placed on risk register	Last review date	Risk trend
		None							




4. Current Risks rated at 12 and above

Site	Ref	Risk Rating	Details	Update from last review	Risk Owner	Lead Executive	Monitoring Committee	Date risk accepted as a 12+ risk	Last review date	Risk trend
UHD	1053	20	Risk of potential patient harm to patients who no longer require acute care (have 'No Reason to Reside) or to elective/non elective patients who	The position for the number of patients with No Reason to Reside (NRTR) has deteriorated over recent months following the termination of the national D2A funding and removal of book-booked interim care home	McCubbin, Cherry - Associate Director Partnership,	Chief Operating Officer - Mark Mould	Finance & Performance Committee Operations & Performance Group	22/02/21	01/09/22	↔

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			cannot access acute beds due to increased occupancy. Associated risks to performance standards and organisational reputation.	<p>beds. MRFD patients increased to a high of 262 at the end of August. Three priority areas agreed as part of the 100-day discharge improvement plan:</p> <ul style="list-style-type: none"> • 1 Set expected date of discharge (EDD) within 48 hours of admission • 2 Ensuring consistency of process, personnel and documentation in ward rounds • 3 Apply seven-day working to enable discharge of patients during weekends. <p>Roll out of best practice and a gap analysis in progress across UHD care groups with GDoO, GDoN & GMD oversight and clinical assurance. Discharge Pathways 1-3: Metrics dashboard drafted; discussions underway with system to align sit-rep. UHD System Discharge form being tested.</p> <p>Social workers linked to PH site Kimmeridge, B3, B4 and Wards 4, 5 and 9 on RBH site. Link social workers to all wards by end of August 22. Revised recruitment approach for 10wte Discharge facilitators to support winter pressures underway. Evaluation due to start mid-August for the national "Clinically Ready to Proceed" - trailblazing work (EDD). System, UHD and partnership operational and improvement meetings continue, with focus on increasing P1 Intermediate Care & P2 revised Interim Care Home model to reduce patients with no criteria to reside going into Autumn 22.</p>	Integration & Discharge		Facilities Directorate/Operational Governance Group QR Finance and Workforce Governance Group			
UHD	1460	20	There is a potential risk of harm to patients waiting in excess of UEC National Standards and	Rapid Decompression action plan attached	Mould, Mark - Chief Operating Officer	Chief Operating Officer - Mark Mould	Finance & Performance Medical care group Board	22/02/21	11/08/22	

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			being cared for in an inappropriate setting				Emergency & Urgent Care Directorate Governance Group			
UHD	1074	20	Risks associated with breaches of 18-week Referral to Treatment and 52 week wait standards.	52ww continuing to reduce 78ww trajectory for August met 104ww above planned trajectory Super September focused actions initiated to reduce non-admitted long waiters Weekly Tier 2 meetings held with the South West Region	Mould, Mark - Chief Operating Officer	Chief Operating Officer - Mark Mould	Finance & Performance Committee Operations & Performance Group	05/05/15	05/09/22	
UHD	1387	20	There is a potential risk that the demand for acute inpatient beds will exceed bed capacity and that this will impact adversely on the safety of patients.	<i>Previous update 05/08/2022: Both sites continue to experience high occupancy levels which is significantly impacting on ED performance and flow. Throughout July the Trust has been reporting OPEL 4 and this has been mirrored across the system. The Hospital Flow Improvement Group is focussing on ED, SDEC, Operational flow and Discharge processes and is supported by the Rapid ED Decompression Plan. Externally the systemwide 100 day challenge is directed at internal and external plans to manage the MRFD challenges (averaging 220+ per day) Action plans are updated weekly and further initiatives have been shared with the regional team for funding support. This includes enhancing SDEC, escalation beds in Q3 & Q4 and enabling schemes e.g. increasing discharge co-ordination to encompass 7 day working.</i>	Associate Director - Operations, Flow and Facilities Sophie Jordan	Chief Operating Officer - Mark Mould	Finance & Performance Committee Operations & Performance Group Medical Care Group Board Trust Management Group	10/11/20	05/08/22	
UHD	1131	20	Current challenges around patient flow and capacity due to increased demand, delays in external discharge and bed closures have become increasing difficult to manage and	<i>Previous update: 05/08/2022 Risk rating remains the same. Continued bed pressures impacting on emergency flow, in particular on ambulance handovers and ability to transfer patients to inpatient beds against the 12 hour decision to admit metric. System responses include</i>	Associate Director - Operations, Flow and Facilities Sophie Jordan	Chief Operating Officer - Mark Mould	Finance & Performance Committee Operational Management Group	16/02/16	05/08/22	

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			presents risk to patient safety	<i>increase focus on delayed discharge position via the 100 day plan and the Home First Board. Internally the ED Rapid Decompression Plan and Hospital Flow Programme focuses on the internal processes vital for ensuring robust capacity management. The Trust continues to experience high occupancy levels and high (220+) MRFD delays. Mitigations in place to support discharge e.g. increase in care hours for intermediate care pathways though a private provider.</i>			QR Finance and Workforce Governance Group			
UHD	1429	20	If we cannot assess and move patients into ED clinical areas from the Ambulance queues within 15 minutes then there is a risk of harm to patients.	Ambulance handovers continue to be significant challenge due to ED overcrowding and poor outflow from acute site. Weekly ambulance cell meetings continue. Increased internal focus around safety and focus on handover process. External provider ECS cohorting in corridor. SOP in place. Some positive improvement in long delays week 1, close monitoring of progress.	Mould, Mark - Chief Operating Officer	Chief Operating Officer - Mark Mould	Finance & Performance Committee Medical Care Group Board Operations & Performance Group Emergency & Urgent Care Directorate Governance	19/12/19	18/08/22	↔
UHD	1397	16	Insufficient skill mix to cover the 24/7 service needed to maintain a Haematology/Transfusion laboratory service and therefore potential risk patients as a result of delayed results.	Awaiting further update re current staffing levels and gaps and confirmation of locum. To be added by 10/9/22	Massey, Paul - GM Pathology	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Finance & Performance Committee Hospital Transfusion Group Workforce Strategy Committee Specialities Care Group Board Pathology Directorate GG	26/07/21	06/09/22	↔
UHD	1502	15	Caring for mental health patients in a physical health environment could be of detriment to patients, other patients and lead to further harm	Discussion required as to expanding/sub dividing this risk to reflect harm to staff through caring for mental health patients	Reed, Sue - Group Director of Nursing (Medical Care Group)	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Medical Care Group Board Mental Health Steering Group	27/09/21	12/08/22	↔



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			to due the levels of skill and expertise required.				Acute and Ambulatory Directorate Governance Quality Committee Health & Safety Group			
PH	1276	15	Risk of failure to achieve the NHFD standard that no more than 15% of patients have to wait longer than 36hrs post admission to undergo their surgery following a #NoF. Evidence shows that if patients wait more than 36hrs post injury for a #NoF they will have a worse outcome and longer recovery.	updated action plan attached. risk remains unchanged.	Daughters, Abigail - Group Director of Operations (Surgical Care Group)	Chief Operating Officer - Mark Mould	Finance & Performance Committee Operations & Performance Group Quality Committee Surgical Care Group Board T&O Directorate Governance Group	28/06/21	22/08/22	↔
UHD	1393	12	If demand continues to outweigh capacity in Endoscopy services then there is a risk of harm to patients due to delayed diagnosis or treatment	Gaps in Consultant and Nurse Endoscopist workforce in addition to summer holiday annual leave has created high numbers of empty rooms across two sites in August (103). Action plan continues and 18 Weeks insourcing moving to every weekend in September. Some improvements in DM01 position following administrative validation of entire PGH waiting list. 200 patients removed as a result of identifying PAS related errors. Demand and capacity work complete. Wimborne Business case finalised.	Lister, Alex - Group Director of Operations (Medical Care Group)	Chief Operating Officer - Mark Mould	Corporate Cancer Group Finance and Performance Committee Medical Care Group Board Operations and Performance Group	23/05/22	31/08/22	↔
UHD	1647	12	Medical and nursing handovers are not always effective and the lack of consistent, safe and effective handover	IT developers have confirmed that the current programme of development for the HandoverWeb solution has been affected by the delivery of other trust wide system changes (SinglePAS). On discussion it is clear	Hodson, Matthew - Deputy Chief Nursing Officer	Acting Chief Medical Officer – Ruth Williamson	Transformation and Innovation Committee Informatics programme Group	27/09/21	15/09/22	↔

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			processes poses a direct significant and frequent risk of harm to patients.	that the project aims will not deliver any benefit for patient/nursing handover processes. Scoping for a "total" EPR is underway, patient-centric communication across all disciplines in real time has been included in the project specification.						
UHD	1386	12	If continued year on year increase in referrals then risk to compliance with CWT standards. Risk may be increased if unable to recruit and retention of key clinical staff (oncologist and histopathologists) in particular in sub specialisation areas that rely on a single handed practitioner	Governance processes now in place for tracking delivery against action plans. Cancer Programme established as part of elective portfolio	May, Judith - Associate Director of Operational Performance, Assurance & Delivery	Chief Operating Officer - Mark Mould	Finance & Performance Operations & Performance Group Specialties Care Group Board Cancer Care Directorate Governance Group	09/11/20	05/09/22	↔
UHD	1292	12	Outpatient follow up appointments – risk of backlog due to insufficient capacity to book within required dates. Risk to patient care.	Consideration is to be given to rewriting this risk as care group specific and owned by the specialty. Actions to reduce the risk lie within the sub-specialties not with outpatients. OPD Manager to discuss at next Directorate meeting.	Macklin, Sarah - Interim Director of Operations (Specialties Care Group)	Chief Operating Officer - Mark Mould	Finance & Performance Committee Operations & Performance Group Clinical Support Directorate Governance Group	19/07/20	09/08/22	↔
PH	1300	12	If we continue to be unable to provide 24hr specialist care to children up to the age of 18 who attend hospital with Deliberate Self Harm behaviours and Mental Health needs there is a risk to patient safety which will result in harm.	Risk assessment for CAMHS patient attached	Hodson, Matthew - Deputy Chief Nursing Officer	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Specialties Care Group Board Child Health Directorate Governance Group Mental health Steering Group Safeguarding Group	22/02/21	05/09/22	↔




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RBH	1447	12	Adverse outcomes for Orthodontic patients most of which are under 18 years old which is multi-factorial - COVID restrictions, lack of staffing, lack of facilities or appropriate facilities to increase patient flow in the department in order to prevent this. Many of these issues were previously identified prior to COVID but restrictions introduced have heightened the problem increasing the occurrence of risk associated with brace wear and outcomes	<p>Risk continues to be reviewed and mitigation progressed</p> <p>Plan to re-articulate current risk to orthodontics with HoN Maddy Seeley and then will review whether this risk can be closed in light of this</p>	Daughters, Abigail - Group Director of Operations (Surgical Care Group)	Chief Operating Officer - Mark Mould	<p>Surgical Care Group Board</p> <p>Head & Neck Directorate Governance Group</p>	28/06/21	12/08/22	
UHD	1771	12	The Radiology department is unable to match the current demand for the service. This is multifactorial however links directly to the current number of Radiologists. If the number of Radiologists is not increased radiology reports will be delayed, Radiologists who are under pressure and fatigued will miss or misinterpret significant clinical findings as well as subspecialty and MDT cover being reduced. Due to reporting delays including those needing escalation with unexpected findings there is a risk that patient	<p>Discussed at Radiology Q&R Group. Further reported incidents linked to delays in reporting. Additional issue related to increase in demand for CT colonoscopy and reduced capacity whilst CT scanner down. [08/08/2022 09:52:15 Charlotte Baylem] Update re outsourcing provider change. Delays with as non-compliant with IG requirements. Plan in place to improve in short term and achieve compliance in the longer term recognising the IG v's the clinical risk of delayed reporting. Email attached.</p>	Williamson, Ruth - Deputy Chief Medical Officer (RBCH)	Deputy Chief Medical Officer PH - Matt Thomas	<p>Quality Governance Group</p> <p>Radiation Group</p> <p>Radiology Clinical Governance Group</p> <p>Specialities Care Group Board</p>	28/07/22	01/09/22	

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			treatment pathways are not optimal and patient outcomes are affected.							
Informatics/Digital Transformation										
UHD	1355	15	There is a risk that eRS referrals are not been acted upon as directed by the clinicians leading to delay in the patients treatment. A risk exists across all specialties in the Trust who have referrals coming into the Trust via e-RS.	Although the ERS project is progressing it is slow with clinical resources struggling to be released to help clarify the full requirements so this can be developed.	Hill, Sarah - Assistant Director IT Development	Director of Informatics - Peter Gill	Transformation Committee Quality Improvement & Digital Transformation Group Clinical Support Directorate Governance Group Specialities Care Group Board	23/06/20	31/08/22	↔
UHD	1591	12	There is a risk of data loss and/or service interruption as a result of the inadequate management of the large suite of Information Assets that contain Personal Identifiable Data.	As of 1 Sep 2022 52% of high priority assets have been signed off as compliant to the DSPT requirements. Risk rating unchanged	Gill, Peter - Chief Information & IT Officer	Chief Information & IT Officer - Peter Gill	Information Governance Steering Group Quality Improvement & Digital Transformation Group	28/06/21	05/09/22	↔
Covid										
UHD	1342	16	The inability to provide the appropriate level of services for patients during the COVID-19 outbreak	<i>Previous update 05/08/2022: Decrease in Covid levels across the Trust (74 as of 5/8/22), Closed wards and Covid related sickness levels (91 recorded). Epicell data is showing a downward trend in the latest trajectories at a local level and the Trust IPC policy continues to maintain wearing of masks in all areas. IPC meetings continue to monitor the position with Care Group leads to minimise the risk of outbreaks and maintain the balance of managing covid and routine/emergency activity. The daily staffing cell reviews gaps in workforce and is mitigating the impact of covid sickness.</i>	Jordan, Sophie - Interim Director of Operations	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Finance and Performance Committee Operational Management Group	23/07/20	05/08/22	↔



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Equipment /Estates Risks										
UHD	1401	16	<p>There are a decreasing number of functioning Bloodtrack PDA's available within the Trust needed to print specimen labels, administer and track blood products needed for transfusion. MHRA requirement to have full traceability of all blood products.</p> <p>The functionality of PDA's, including printing issues, has led to decreased usage around the Trust due to lack of confidence in finding the PDA's in a good working order. The equipment is well beyond its lifespan.</p> <p>If the PDA's are not replaced there is a risk that there will be an increase in errors in the transfusion process</p>	Linked incident to MHRA compliance with blood traceability. Project group in place.	Macklin, Sarah - Interim Director of Operations (Specialities Care Group)	Chief Operating Officer - Mark Mould	Hospital Transfusion Group Medical Devices Safety Group Informatics Programme Group Pathology Directorate Governance Group Specialist Service Care Group Board	21/12/20	09/09/22	
PH	1260	12	Responding to reported defects relating to estates: - Infrastructure not working correctly or environment susceptible to increased infection risk. May increase harm to patients or delay in providing patient care. Staff working in sub-standard environment	Works raised with contractors (Fire) for further progress review next month and update to aggregated controls score card	Davies, Edwin - Associate Director Capital and Estates	Chief Strategy and Transformation Officer - Richard Renaut	Estates Health & Safety Health & Safety Group Quality Committee	23/08/21	26/08/22	
UHD	1214	12	Quality and Clinical management of Point of Care Devices	no change in risk/ no update	Webster, Daniel - Group Medical	Acting Chief Medical Officer	Health & Safety Group	26/04/21	08/08/22	

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			<p>Potential risks:</p> <ul style="list-style-type: none"> • Error in results • Failure to document results • Inability to evidence competencies at a trust wide level • Inability to track equipment to location • No evidence of quality assurance • No evidence of maintenance • Trust reputation • Loss of UKAS accreditation 		Director (Specialities Care Group)	– Ruth Williamson	<p>Medical Devices Safety Group</p> <p>Pathology Directorate Governance Group</p> <p>Specialities Care Group Board</p>			
Workforce Risks										
PH	1281	16	<p>If the Radiation Protection Advisor role remains a single point of failure, if not recruited to, UHD will not be legally able to provide a full service or agree commissioning new infrastructure and procedures . There is a risk of patient harm related to optimal treatment choice and staff harm in relation to radiation safety</p>	<p>Head on non-ionising is a vacant position with the Band 7 due to leave The Band 5 (who does not have all the relevant qualifications and experience needed to cover the service and therefore achieve the MHRA recommendations) has just handed in their notice. Recruitment has so far been unsuccessful with a national shortage of qualified staff with experience at the level required, the Band 7 post is going back out to advert.</p>	Macklin, Sarah - Interim Director of Operations (Specialities Care Group)	Chief Operating Officer - Mark Mould	<p>Workforce & OD Group</p> <p>Specialities Care Group Board</p> <p>Clinical Support Directorate Governance Group</p>	22/02/21	06/09/22	↔
UHD	1483	16	<p>There is a reduced Clinical Pharmacy service to the wards due to significant levels of pharmacy vacancies, sick and maternity leave.</p>	<p>This risk was reviewed by Steve Bleakley and Lenka Dowdell (MSO) 14 new staff recently appointed and currently doing induction and initial training. Current staff turnover 20% so this risk remains at the same rating at present, with a view to reducing once staff fully trained towards the end of the year.</p>	Bolton, Nicholas - Deputy Associate Director of Pharmacy	Chief Operating Officer - Mark Mould	<p>Specialities Care Group Board</p> <p>Clinical Support Directorate Governance Group</p> <p>Workforce Strategy Committee</p>	22/02/21	09/09/22	↔


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PH	1642	15	There is a risk to patient safety due to current staff shortages (Midwifery and maternity support workers) being experienced by maternity services.	Following discussion with Kerry Taylor HOM: International Recruitment template has been submitted. Rolling advert for Band 5&6 midwives. MSW job advert to be placed. Chasing job matching for Recruitment & retention midwife. Unable to reduce the Risk rating due to high volume of LERs relating to insufficient number of health care professionals throughout August and no Stamp reports available this month to accurately report current vacancies.	Tonge, Lorraine - Director of Midwifery	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Quality Governance Group Specialities Care Group Board Women's Health Directorate GG	25/10/21	06/09/22	
PH	1202	15	If the Obstetrics and Gynaecology Medical staffing rota remains understaffed then patients will not be treated within the required timeframe, both in the elective and emergency setting. The service will be impacted by a delay in responding to the Labour Ward and being able to carry out elective C-sections as well as affecting elective list cancellation due to medical staff being required to move to cover non-elective services. A prolonged short staffed working environment will impact on the remaining medical staff as they continue to sustain their increased workload. A delay in responding to the labour ward could have significant and serious effects on the safety of the patients,	Discussed at Gynae QR Group, locum and senior clinical fellow to start however continued acting down from Consultants required (15 shifts in August) affecting elective activity.	Webster, Daniel - Group Medical Director (Specialities Care Group)	Acting Chief Medical Officer – Ruth Williamson	Medical Staff TEG Quality Governance Group Specialities Care Group Board meeting Women's Health Directorate Governance Group Workforce Strategy Committee	27/06/22	08/09/22	


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			with potential for clinical signs not being spotted and dealt with in an appropriate time.							
RBH	1498	12	The trust is unable to service a fully staffed registrar out of hours rota for the Medical Care Group this is a risk to patient safety	Currently remains a risk. Reviewing with new placements	Whitney, Sue - Deputy Group Director of Operations (Medical)	Acting Chief Medical Officer – Ruth Williamson	Workforce Strategy Committee Medical Care Group Board Medical Specialties CG group Medical Staffing TEG	26/04/21	09/08/22	↔
UHD	1221	12	Risk to patient care and ability to cover clinical duties due to level of vacancies and reliance on locum cover for Medical staffing in Elderly Care.	No change to risk. Drop out of x1 reg. Recruitment plan for Spec Drs.	Brittan, Gemma - General Manager (OPM)	Acting Chief Medical Officer – Ruth Williamson	Workforce Strategy Committee Medical Care Group Board OPM and Neuro Directorate Governance	31/08/18	09/08/22	↔
PH	1283	12	There is a risk that we cannot adequately staff radiotherapy radiographer roles due to vacancies and maternity leave.	Gaps in vacancy still being filled by agency staff Awaiting 2 new recruits to pass probation and 2 to start Vacant posts out to advert	Frost, David - Head of Therapy Radiography	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Specialities Care Group Board Workforce Strategy Committee Cancer Care Directorate Governance Group	20/06/19	05/09/22	↔
PH	1303	12	If we continue with the number of Therapy staff and do not increase the number of Physiotherapists, Occupational Therapists, Dieticians & Speech and Language Therapists this will affect patient care & outcomes, optimisation of therapy treatments and	SALT have one locum and looking for a second & Poole OPS therapy team have had permission to attempt to source two locums for Poole OPS Team to mitigate risk. Workforce and recruitment challenges continue with Poole inpatient therapies at 30% vacancy going into quarter 3. Recruitment of staff at all levels is challenging with senior clinical posts most challenging to recruit into. Next steps include	Jose, Darren - Deputy Group Director of Operations (Specialties)	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Workforce Strategy Committee Specialities Care Group Board Clinical Support Directorate Governance Group	07/05/20	07/09/22	↔



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			the flow of patients through the Trust.	recruitment of an early career lead backfill to focus on workforce and recruitment workstreams specifically. Positively two OT apprentices started September 2022.						
UHD	1492	12	Risk of significant resourcing pressures in the remainder of the Covid 19 pandemic and recovery period due to limited number of trained front line staff, likely increase in turnover as soon as the pandemic eases and limited pipeline of new recruits which is also impacted by the uncertainty around retaining EU employees and continuing to recruit from the EU.	<p><i>Previous update:</i> <i>Staff in post and budgeted establishment data for HCSWs has been verified by ward leads via the Group Directors of Nursing and we have been able to confirm WTE vacancies for this staff group to NHSI. Cost centre and establishment data held on ESR is now being updated based on information provided by the ward areas so Business Intelligence is able to include the same vacancy data in monthly PWR reporting going forward.</i></p> <p><i>The cleanse of Right to Work, Visa and DBS data held on ESR is progressing slower than hoped due to pressure of work priorities in Workforce Systems team, updating carryover annual leave, re-implementing parking charges, and correcting high numbers of payroll and rostering errors.</i></p> <p><i>Number of HCSW vacancies is significantly higher than previously reported; as a priority GDONs are being requested to work with ward managers to ensure all vacancies needing recruitment are registered and visible on our recruitment portal TRAC. In N&M, Non-Clinical Steering Group, the chair requested a trust-wide Recruitment and Retention group be formed, prioritising HCSW recruitment in OPM and Surgery. Recruitment events, job centre and UHD open days, the ICS Vocational Scholarship and investment in digital</i></p>	Mardon, Irene - Deputy Chief People Officer	Chief People Officer - Karen Allman	People Directorate meeting Workforce Strategy Committee	26/04/21	29/07/22	



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				<i>marketing and advertising is planned to support attraction of candidates for those roles, and our resource for Social Media and Marketing is being fully utilised.</i>						
UHD	1493	12	Risk of medium and long-term impact of Covid 19 on the health and wellbeing of the workforce due to burnout and PTSD which may potentially lead to high levels of sickness absence and the requirement for significant sustained support.	<p>Referrals to OH remain high. Appointment wait times to see OH Nurse Adviser or Doctor currently 4/5 weeks. All waiting referrals are currently being reviewed and prioritised. No delays being experienced with pre-employment checks. 4 x B6 OH specialist nursing roles remain vacant despite advertisement and remain an important requirement to support recruitment and onboarding processes and reducing and managing staff sickness absence levels. Re-structuring on service to manage the vacant posts is being devised to communicate with senior management.</p> <p>The PSC service have recruited to the vacant posts and there is minimal delay to support. A number of services are now offered through the PSC service which is supporting staff.</p>	Jones, Carla L - Deputy Director of Workforce & Organisational Development	Chief People Officer - Karen Allman	Workforce Strategy Committee People Directorate Meeting	26/04/21	31/08/22	

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Transformation Risks										
UHD	1604	20	Risk of delay in securing UHD and wider Dorset New Hospital Programme (NHP) funds in enough time to enable the wider reconfiguration by 2024/26. Risk is delayed benefits by later than planned reconfiguration. Securing NHP enabling funds required in year to allow progression of key capital works	No change. OBC submitted but still awaiting approval. FBC submissions from November 2022 to July 2024. Risk to be monitored as part of ongoing programme governance	Chief Strategy and Transformation Officer - Richard Renaut	Chief Strategy and Transformation Officer - Richard Renaut	Quality Committee Transformation Committee	28/06/21	31/08/22	
UHD	1784	16	There is a risk that inter-programme dependencies (eg. Beach, NHP, Decants) will impact negatively on the overall delivery of the Programme.	<i>Previous update: 02/08/2022</i> <i>Following discussion at Acute Reconfiguration Capital Group on 14th July 2022 agreed there is an overarching timeline risk for critical path.</i> <i>Number of interdependencies across programmes that need management and oversight. Reconfiguration Oversight Group has responsibility for monitoring all programmes on the critical path and understands interdependencies across the different elements of the programme.</i> <i>Timeline and deliverables clear for Beach. Now that NHP OBC has been submitted we have further clarity on scope for Ward refurb and required decants.</i> <i>OBC and FBC approval process as well as decants could delay programme but enabling schemes have started to mitigate this risk as much as possible. To be monitored on a monthly basis.</i>	Killen, Stephen - One Acute Network - Programme Director	Chief Strategy and Transformation Officer - Richard Renaut	Transformation and Innovation Committee	02/08/22	02/08/22	


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Finance Risks										
UHD	1739	20	Trust at risk of failing to achieve the required break-even outturn position, resulting in a revenue deficit and a reduction in cash available to support the capital programme	The Finance & Performance Committee reviewed the risk and agreed for the risk to remain the same	Chief Finance Officer - Pete Papworth	Chief Finance Officer - Pete Papworth	Finance & Performance Committee	23/05/22	24/08/22	
UHD	1740	20	ICS at risk of failing to achieve the required break-even outturn position, resulting in a revenue deficit, a reduction in cash and regulatory intervention.	The Finance & Performance Committee reviewed the risk and agreed for the risk to remain the same	Chief Finance Officer - Pete Papworth	Chief Finance Officer - Pete Papworth	Finance & Performance Committee	23/05/22	24/08/22	
UHD	1595	16	Risk that the Trust will fail to deliver a financial break-even position resulting in regulatory intervention, an unplanned reduction in cash and the inability to afford the agreed 6 year capital programme.	The Finance & Performance Committee reviewed the risk and agreed for the risk to remain the same.	Papworth, Pete - Chief Finance Officer	Chief Finance Officer - Pete Papworth	Finance & Performance Committee	28/06/21	24/08/22	
UHD	1416	16	Risk of not achieving efficiency and productivity opportunities identified through the Getting it Right First Time (GIRFT) programme and Model Hospital metrics resulting in continued unwarranted variation, reduced productivity and higher cost of service provision..	<i>Previous update 03/08/2022: Reviewed and no change</i>	Rushforth, Helen - Head of Productivity and Efficiency	Chief Finance Officer - Pete Papworth	Finance & Performance Committee	22/11/21	03/08/22	
UHD	1594	12	Risk that the agreed capital programme will not be affordable within the ICS capital allocation (CDEL) resulting in operational and	The Finance & Performance Committee reviewed the risk and agreed that the risk should remain the same.	Papworth, Pete - Chief Finance Officer	Chief Finance Officer - Pete Papworth	Finance & Performance Committee Capital Management Group	28/06/21	24/08/22	

Risk Register Report

			quality/safety risks and a delay in the reconfiguration critical path.							
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5. Closed, Reduced or suspended Risks previously rated at 12

Site	Ref	Risk Rating	Details	Update	Risk Owner	Date risk accepted as a 12+ risk	Last review date	Date closed or reduced
PH	1658	12	The community services are unable to safely provide a continuous homebirth service and meet the essential antenatal care standards for all pregnant mothers, this could lead to missed opportunity to identify and manage patient care needs, which in turn could lead to increased incidents of morbidity and mortality	<p>Vacancies within maternity remain at 18%, all departments within maternity are have staff shortages so the utilisation of staff from one area to another is not possible.</p> <p>When our 15 NQM join in October we will then look at ensuring the vacancies are evenly spread across the service.</p> <p>Community Leads to provide a report for the HOM and Senior Matron detailing the caseload size for each midwife.</p> <p>A working party is being developed on the 15th August to improve community working conditions.</p> <p>Senior Matron to chase why band 7 x2 posts are not yet out to advert and place a rolling community specific advert.</p> <p>Workforce planning meeting on the 16th August to establish MSW support across maternity.</p> <p>Awaiting confirmation from HR as to when the 8B post can be advertised.</p> <p>Hospital on call mapping happening on 23rd August, when in place this will reduce the call in for the community team.</p> <p>Continuity of carer team to be launched in Jan 2023.</p>	Taylor, Kerry - Head of Midwifery	22/08/22	15/08/22	 Decreased from 12 to 8

Risk Register Report

One Acute Network - Current Risks

Programme	Risks at 12+	New	Comments
Transformation Portfolio (inc BAF)	3	None	Includes 2 BAF risks – securing wider capital funding and critical path management
Integration	3	None	
Reconfiguration	3	None	
New Hospital Programme (NHP)	4 risk 2 issues	2	2 new risks relating to Critical path management and Stour CPK
Acute Reconfiguration Capital group (ARC)	4	None	
Clinical Design	8	2	Currently being managed within CG Transformation Steering Groups but for escalation to TIG this month 2 new risks raised from Theatres.
Space Utilisation Group (SUG)	1 issue	None	
TOTAL	28	4	

The highest scoring risk to the portfolio remains which relates to securing the NHP funding (as part of the OBC) as well as affordability of the whole case. The other BAF risk relating to the critical path is also high (score 16) and is the focus of the S&T Team now that we have clarity for OBC and decants. This will be monitored on a monthly basis by ROG.

There are 2 new NHP risks and 2 new Theatre Commissioning risks that have been added relating to :-

- NHP – Critical Path and delay in delivery of Central Production Kitchen
- Theatres – Completion of May 2023 Theatre scheduling by October 2022 and availability of key stakeholder during Aug/Sept 2022

6. Risk Heat Map- UHD

Current Risk Grading		Likelihood				
		No harm (1)	Minor (2)	Moderate (3)	Severe (4)	Catastrophic (5)
Severity	Almost Certain (5)	2	14	4	7	0
	Likely (4)	1	24	14	10	0
	Possible (3)	0	34	44	6	1
	Unlikely (2)	1	13	18	7	4
	Rare (1)	0	0	0	0	1

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Current Risk score by month – rolling year (at the point of report date – taken as preceding month)

Current Risk Score– UDH total	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	April 22	May 22	June 22	July 22	August 22
Very Low (1-3)	9	7	7	7	5	1	3	3	2	2	1	1
Low(4-6)	104	98	105	106	101	91	97	96	88	81	73	71
Moderate(8-10)	94	90	97	94	90	91	88	87	86	97	89	92
Moderate(12)	29	30	26	25	26	23	22	17	17	16	17	17
High (15 -25)	23	22	23	23	24	22	21	18	21	21	21	22
Total number of risks under review	259	247	258	255	246	228	231	221	214	217	201	203

7. Compliance and Risk Appetite

Summary of compliance UDH overall:

Current Risk Grading	No: of risks under review	Number of Risks compliant with Risk Appetite timescales	% of Risks Compliant with Risk Appetite timescales	Month on month position
12 and above	39	35	90%	↑1%
8 to11	92	67	73%	↓1%
4 to 7	71	39	55%	↓5%
1 to 3	1	0	0%	↔
Total	203	141	69%	↓3%

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Risk Appetite:

Ref	Title	Rating (current)	Risk level (current)	Rating (Target)	Target Level
1053	Lack of capacity for elective & non elective activity and associated risk to patient harm due to LLOS and NRTR patients	20	High 15 - 25	6	Low 4 - 6
1604	Delay in securing UHD and wider Dorset New Hospital Programme (NHP) funds	20	High 15 - 25	8	Moderate 8 - 12
1460	Ability to meet new UEC National Standards and related impact on patient safety, statutory compliance and reputation.	20	High 15 - 25	6	Low 4 - 6
1387	Demand will exceed capacity for acute inpatient beds - risk to patient safety, statutory/performance compliance & reputation	20	High 15 - 25	6	Low 4 - 6
1074	Risks associated with breaches of 18-week Referral to Treatment and 52 week wait standards.	20	High 15 - 25	6	Low 4 - 6
1131	Patient Flow: Risk to harm, compliance with national standards and reputation due to downstream capacity/front door crowding	20	High 15 - 25	6	Low 4 - 6
1740	ICS Financial Control Total 2022/23	16	High 15 - 25	8	Moderate 8 - 12
1739	Financial Control Total 2022/23	16	High 15 - 25	8	Moderate 8 - 12
1595	Medium Term Financial Sustainability	16	High 15 - 25	6	Low 4 - 6
1483	Pharmacy Vacancies, Sick and Maternity Leave	16	High 15 - 25	9	Moderate 8 - 12
1397	Provision of 24/7 Haematology/ Transfusion Laboratory Service	16	High 15 - 25	1	Very Low 1 - 3
1401	Current Bloodtrack PDA's are unfit for purpose	16	High 15 - 25	2	Very Low 1 - 3
1416	GIRFT and Model Hospital	16	High 15 - 25	6	Low 4 - 6
1429	Ambulance handover delays - risk to patient harm, performance and organisational reputation	16	High 15 - 25	3	Very Low 1 - 3
1342	The inability to provide the appropriate level of services for patients during the COVID-19 pandemic	16	High 15 - 25	6	Low 4 - 6
1281	Radiation Physics Support Staffing Levels	16	High 15 - 25	4	Low 4 - 6
1784	Critical Path Management	16	High 15 - 25	8	Moderate 8 - 12
1202	Medical Staffing Women's Health	15	High 15 - 25	6	Low 4 - 6
1642	Midwifery Staffing	15	High 15 - 25	6	Low 4 - 6
1502	Mental Health Care in a Physical Health environment	15	High 15 - 25	2	Very Low 1 - 3
1355	Lack of integration between the Electronic Referral System (eRS) & Electronic Patient Record (ePR)	15	High 15 - 25	6	Low 4 - 6
1276	Unsafe and delayed patient care due to delays in surgery for # Neck of Femur patients	15	High 15 - 25	2	Very Low 1 - 3
1214	Quality and Clinical management of Point of Care Devices	12	Moderate 8 - 12	6	Low 4 - 6
1221	Medical Staffing Shortages - Medicine and DME	12	Moderate 8 - 12	4	Low 4 - 6

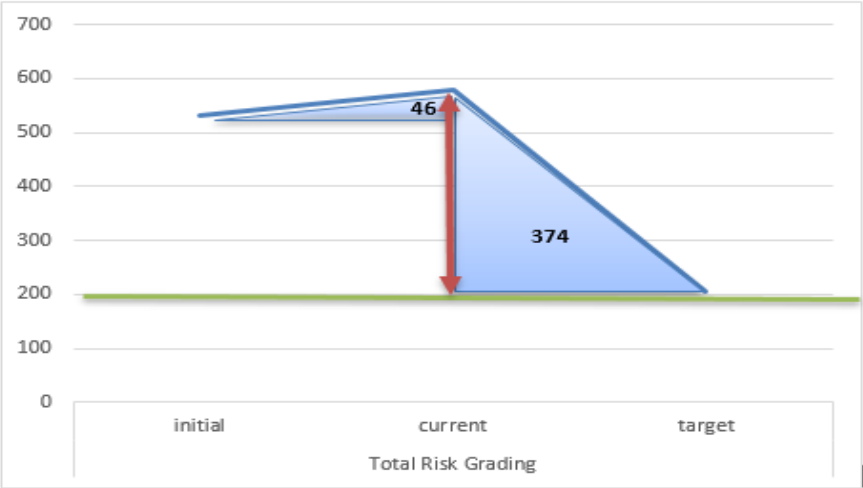
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Ref	Title	Rating (current)	Risk level (current)	Rating (Target)	Target Level
1260	Ensuring Estates are compliant with regulatory standards (SFG20/HTM00) across fire, water, electricity, gases and air handling	12	Moderate 8 - 12	4	Low 4 - 6
1283	There is a risk that we cannot adequately staff radiotherapy radiographer roles due to vacancies and maternity leave.	12	Moderate 8 - 12	6	Low 4 - 6
1292	Outpatient Follow-Up appointment Backlog - Insufficient capacity to book within due dates	12	Moderate 8 - 12	9	Moderate 8 - 12
1300	Provision of 24hr specialist care for children (under 18 years) who have mental health needs.	12	Moderate 8 - 12	6	Low 4 - 6
1303	Therapy Staffing	12	Moderate 8 - 12	6	Low 4 - 6
1386	Cancer waits	12	Moderate 8 - 12	4	Low 4 - 6
1393	Endoscopy capacity & Demand	12	Moderate 8 - 12	4	Low 4 - 6
1447	Adverse Outcomes For Orthodontic Patients due to COVID restrictions and lack of additional facilities and manpower	12	Moderate 8 - 12	4	Low 4 - 6
1492	Resourcing Pressures - Staffing	12	Moderate 8 - 12	4	Low 4 - 6
1493	Absence, Burnout and PTSD	12	Moderate 8 - 12	4	Low 4 - 6
1498	Patient Safety due to inadequate Medical Registrar Out of Hours Cover (RBH)	12	Moderate 8 - 12	4	Low 4 - 6
1591	Information Asset Management	12	Moderate 8 - 12	4	Low 4 - 6
1594	Capital Programme Affordability (CDEL)	12	Moderate 8 - 12	6	Low 4 - 6
1647	Ineffective and inconsistent patient handover processes	12	Moderate 8 - 12	3	Very Low 1 - 3
1771	Radiology Service Demands	12	Moderate 8 - 12	6	Low 4 - 6

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Total Risk grading:

August

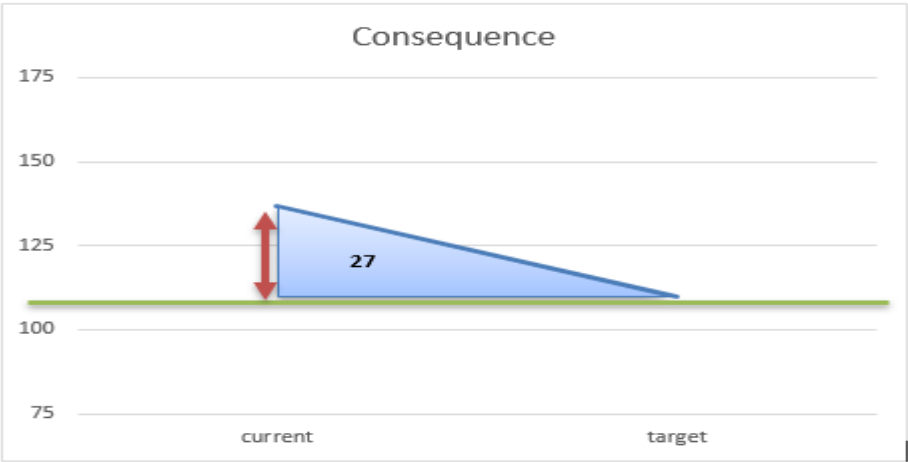


July

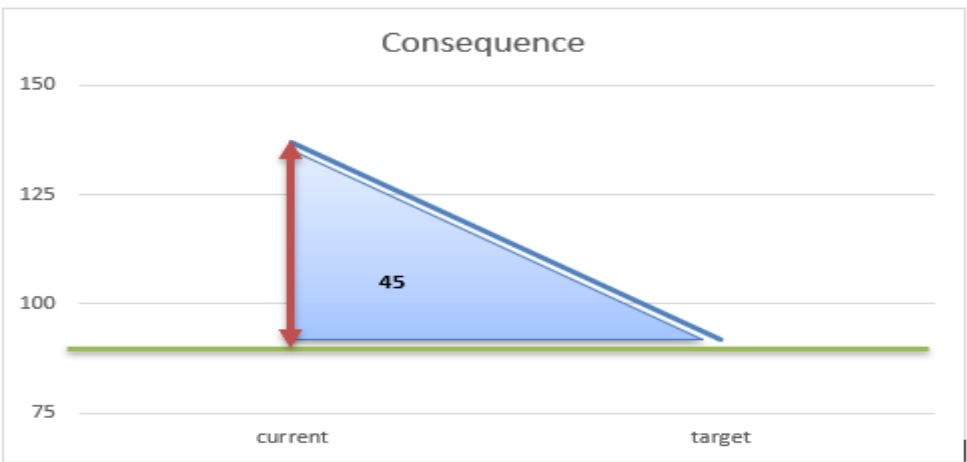


Consequence:

August

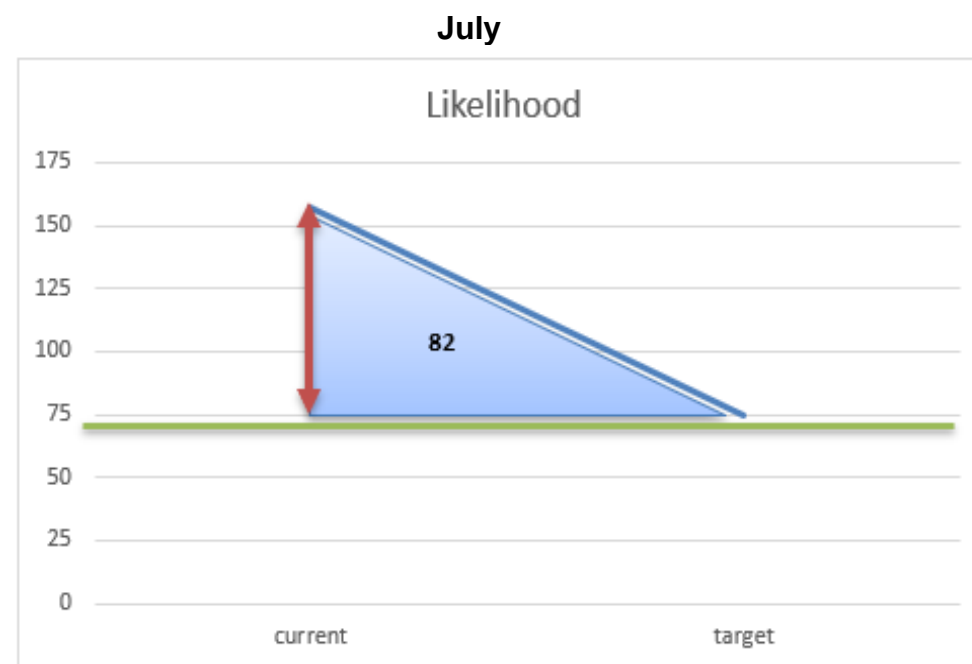
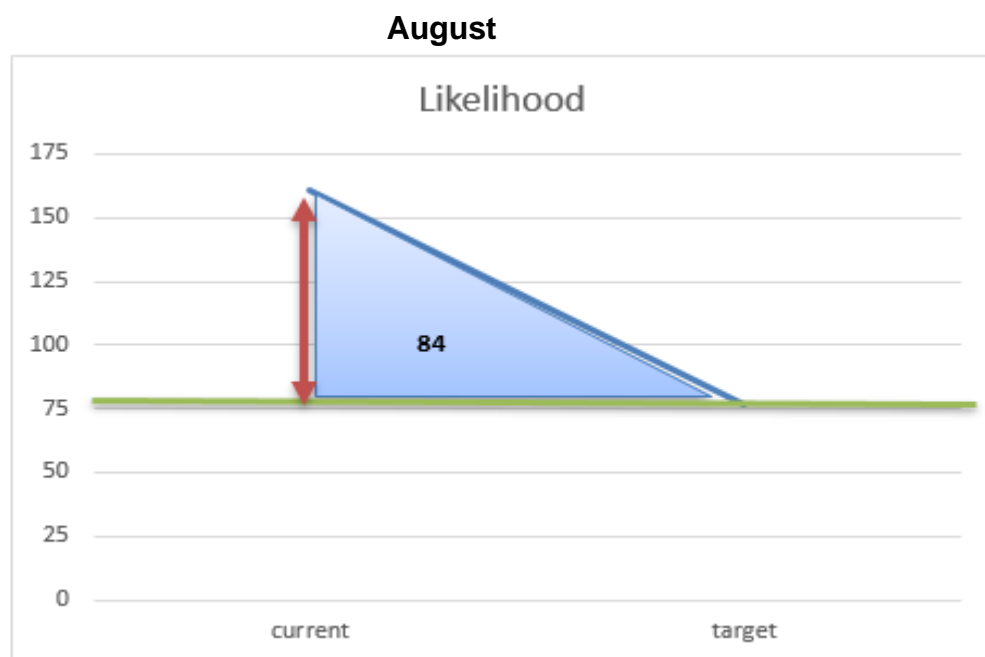


July



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Likelihood:



To note: the shaded areas represents the number of grading 'points' between Current grading or rating and attaining Target grading or rating

8. Recommendations

The Committee is asked to:

- Receive and consider reports from the Executive Lead for any new risks graded 12+.
- Review the adequacy of the risk rating, controls and mitigations and confirm if the new 12+ risks should be presented to the Board of Directors for acceptance.
- Review the adequacy of any current risks graded 12+ and consider any additional risks graded 12+ for inclusion on the Trust Risk Register

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Appendix A Model risk Matrix for Patient Safety Risk – Risk Level descriptors

Risk Grading	Likelihood x Consequence		Summary Descriptor (reference to patient safety domain only)
1	1	1	Less than annual occurrence of minimal injury that requires minimal intervention
2	1	2	Less than annual occurrence of evidence that overall treatment or service is suboptimal with minor implications for patient safety
	2	1	May occur annually but less than monthly - minimal injury that requires minimal intervention
3	1	3	Less than annual occurrence of evidence of significant harm to more than 50% of the patient cohort
	3	1	Every month there is evidence of minimal injury that requires minimal intervention
4	1	4	Less than annual occurrence of evidenced major injury leading to long-term incapacity/disability
	2	2	May occur annually but less than monthly and result in evidence that overall treatment or service is suboptimal with minor implications for patient safety
	4	1	Evidence of weekly occurrence that a treatment/service has significantly reduced resulting minimal injury that requires minimal intervention
5	1	5	Less than annual occurrence of evidenced issues that impacts on a large number of patients, increased probability of death or irreversible health effects occurring
	5	1	Daily evidence of minimal injury that requires minimal intervention
6	2	3	Less than annual occurrence of evidence of significant harm to more than 50% of the patient cohort
	3	2	Every month there is evidence that overall treatment or service is suboptimal with minor implications for patient safety
8	2	4	May occur annually but less than monthly and result in evidenced major injury leading to long-term incapacity/disability
	4	2	Evidence of weekly occurrence that a treatment/service has significantly reduced resulting in evidence that overall treatment or service is suboptimal with minor implications for patient safety
9	3	3	Every month there is evidence of significant harm to more than 50% of the patient cohort

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10	2	5	May occur annually but less than monthly and impacts on a large number of patients, increased probability of death or irreversible health effects occurring
	5	2	Evidence of daily occurrence that overall treatment or service is suboptimal with minor implications for patient safety
12	4	3	Evidence of weekly occurrence that a treatment/service has significantly reduced resulting in significant harm to more than 50% of the patient cohort
	3	4	Every month there is evidence of major injury leading to long-term incapacity/disability
15	5	3	Evidence of daily occurrence that a treatment/service has significantly reduced with resulting harm to more than 50% of patient cohort
	3	5	An issue which impacts on a large number of patients, increased probability of death or irreversible health effects occurring and evidenced monthly
16	4	4	Weekly evidence of major injury leading to long-term incapacity/disability
20	5	4	Daily evidence of major injury leading to long-term incapacity/disability
	4	5	An issue which impacts on a large number of patients, increased probability of death or irreversible health effects occurring and evidenced weekly
25	5	5	An issue which impacts on a large number of patients, increased probability of death or irreversible health effects occurring and evidenced daily

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Appendix B Matrix for Risk Register Assessment

Table 1 Consequence scores

Choose the most appropriate domain for the identified risk from the left hand side of the table Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

Consequence score (severity levels) and examples of descriptors				
1	2	3	4	5
Negligible	Minor	Moderate	Major	Catastrophic
<ul style="list-style-type: none"> Minimal injury requiring no/minimal intervention or treatment. Peripheral element of treatment or service suboptimal Informal complaint/inquiry 	<ul style="list-style-type: none"> Overall treatment or service suboptimal Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved Breach of statutory legislation Elements of public expectation not being met Loss of 0.1–0.25 per cent of budget Claim less than £10,000 Loss/interruption of >8 hours Minor impact on environment 	<ul style="list-style-type: none"> Treatment or service has significantly reduced effectiveness Repeated failure to meet statutory or contractual standards Major patient safety implications if findings are not acted on Challenging external recommendations/ improvement notice 5–10 per cent over project budget Local media coverage – long-term reduction in public confidence Loss of 0.25–0.5 per cent of budget 	<ul style="list-style-type: none"> Major injury leading to long-term incapacity/disability Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Uncertain delivery of key objective/service due to lack of staff Enforcement action Multiple breaches in statutory duty Improvement notices National media coverage with <3 days service well below reasonable public expectation Non-compliance with national 10–25 per cent over project budget Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million 	<ul style="list-style-type: none"> An issue which impacts on a large number of patients, increased probability of death or irreversible health effects Gross failure to meet national standards Multiple breaches in statutory or regulatory duty Prosecution National media coverage with >3 days service well below reasonable public expectation. Incident leading >25 per cent over project budget Non-delivery of key objective/ Loss of >1 per cent of budget Loss of contract / payment by results Claim(s) >£1 million Permanent loss of service or facility Catastrophic impact on environment

Table 2 Likelihood score (L)

What is the likelihood of the consequence occurring? The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
	Not expected to occur for years	Expected to occur at least annually	Expected to Occur monthly	Expected to occur weekly	Expected to occur daily