



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
October 2022 (as on
07/10/2022)**

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	37
Risk(s) increased to 12 and above for review	1
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

Risk Register Report

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. Trust Risk Appetite – 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	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	Compliant	Action plan within Risk record
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	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
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	↑20	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Compliant	Action plan within Risk record

Risk Register Report

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	Compliant	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	Compliant	Action plan within Risk record- No open actions recorded against risk
1595	Medium Term Financial Sustainability	Corporate Directorates	16	Chief Finance Officer - Pete Papworth	Compliant	Action plan within Risk record
1784	Critical Path Management	Strategy and Transformation	16	Chief Strategy and Transformation Officer - Richard Renaut	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
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	Non-Compliant	No evidence of current action plan within Risk record
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	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

Risk Register Report


Ref	Title	Care Group or equivalent	Risk Rating	Executive lead	Risk review Compliance (see definitions for timescales)	Risk action plan status
1492	Resourcing Pressures - Staffing	Corporate Directorates	12	Chief People Officer - Karen Allman	Compliant	Action plan within Risk record Out of date actions
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 Out of date actions
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 Out of date actions
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 Out of date actions
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

Risk Register Report

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
UHD	1378	15	A lack of an electronic results acknowledgement system for requested clinical tests is a risk to patient safety and could result in missed diagnosis and suboptimal treatment. Combined with risk register item 1197	Escalated to ICS following a SI Trust does not currently have an effective results acknowledgement process for results. There are a variety of ways in which results are delivered and teams are variable in the way in which requested tests are tracked This impacts primary community and secondary care. The risk around this should be held at system level with a strategic approach to mitigating the risk or removing it through the commissioning of electronic patient records which address this	Williamson, Ruth - Acting Chief Medical Officer	Chief Information & IT Officer - Peter Gill	01/02/2021 (previously accepted 12+ risk 22/02/2021)	06/10/2022	 Increased from 9 to 15 on 06/10/22

Risk Register Report



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 cannot access acute beds due to increased occupancy. Associated risks to performance standards and organisational reputation.	Awaiting impact of 100 day plan and rapid decant programme.	Jones, Jackie - Associate Director Partnership Integration and Discharge	Chief Operating Officer - Mark Mould	Finance & Performance Committee Operations & Performance Group Facilities Directorate/Operational Governance Group QR Finance and Workforce Governance Group	22/02/21	01/11/22	
UHD	1460	20	There is a potential risk of harm to patients waiting in excess of UEC National Standards and being cared for in an inappropriate setting	Attendances in September showed a small reduction compared to August with just over 12950 patients attending (Average of 5 per day less at RBH and 8 per day less at Poole). Whilst time to initial assessment reduced by 50% to 15 minutes in our Emergency Departments the overall metrics demonstrate the ongoing challenge of crowding in the departments. There was an increase in both the number of patients waiting more than 12 hours in the department and those waiting for longer than 12 hours after referral. The total number waiting for more than 12 hours from referral increased by 106 to 886, with 129 waiting more than 12 hours after being accepted for admission (26 more than August). RBH saw an increase in	Mould, Mark - Chief Operating Officer	Chief Operating Officer - Mark Mould	Finance & Performance Medical care group Board Emergency & Urgent Care Directorate Governance Group	22/02/21	28/10/2022	

Risk Register Report

				<p>the waiting time for a bed of almost an hour, whereas Poole saw a marginal decrease. At both sites the average time in the department for a patient being admitted was around 8.5 hours. Non admitted times increased by c7 minutes at Poole, and at RBH by almost an hour.</p> <p>Ambulance attendances remain stable as a daily average @125 per day. the number waiting for longer than an hour rose by 100 in total despite a small decrease at Poole. Total time lost was 2929 hours for UHD, an increase of c650 hours compared to August, 500 of which related to RBH. SWAST reported a total of 37,041 hours lost during handovers for September.</p> <p>Patients with NCTR continue to occupy high numbers of inpatient beds, although flow processes resulting in overnight decompression being analysed to affect change. Your next patient pilot (timed push from assessments areas to ward) to commence pilot 7/11/22</p>						
UHD	1074	20	Risks associated with breaches of 18-week Referral to Treatment and 52 week wait standards.	Total waiting list size and long waits over 52 weeks continue to reduce. Revised 78ww trajectory submitted to NHSE SW which delivers zero 78ww by March 2023. RTT performance continues to be below the national standard.	Mould, Mark - Chief Operating Officer	Chief Operating Officer - Mark Mould	Finance & Performance Committee Operations & Performance Group	05/05/15	02/11/2022	

Risk Register Report

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.	High occupancy levels across both sites and declaration of Critical Incidents due to poor operational flow and the impact on ED ambulance handover performance. Internally the Hospital Flow Improvement Group continues to support change in process and practice across 4 key areas of flow. The MRFD rate remains high with 260 delays recorded on average per day in October. Covid prevalence in the community and within the hospital increased presenting further complexities with placing and discharging patients quickly. The ICB mobilisation plan is in place to attempt to increase capacity by 120 beds in 22/23, however a number of the schemes are high risk externally and this is under review.	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	02/11/2022	
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 presents risk to patient safety	Risk rating remains the same. High bed occupancy continues impacting on the ambulance handover position and risk to patients. High number of MRFD (average 260 per day for October). The rapid decant initiative did not have the expected impact and there has been a rise in external delays. Internal improvement programmes continue to focus on internal flow e.g. trialling of the Timely admission and discharge policy in November and continuation of the ED rapid decompression plan. The system mobilisation plan has been agreed and funding given to 10	Associate Director - Operations, Flow and Facilities Sophie Jordan	Chief Operating Officer - Mark Mould	Finance & Performance Committee Operational Management Group QR Finance and Workforce Governance Group	16/02/16	02/11/2022	




Risk Register Report

				key schemes in the aim of supporting the 120 bed gaps across Dorset. There is a high risk that this will not be sufficient to manage the capacity gap and this has been raised with the ICB and partners.						
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 a challenge, with deterioration in performance in September. ECS have struggled to recruit resulting in reduced capacity to provide consistent services. Decompression meetings continue, led by COO weekly.	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	03/10/22	↔
UHD	1397	20	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.	Detailed action tracker added to risk, includes Communications, Recruitment, Process Review, Staff Wellbeing, Quality Management.	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	21/10/22	↔
UHD	1393	16	If demand continues to outweigh capacity in Endoscopy services then there is a risk of harm to patients due to delayed diagnosis or treatment	Capacity and demand modelling complete and options appraisal reviewed by execs. Presented to FPG - in view of cost and execs at FPG recommended of out of committee review for approval of recruitment of workforce. Noted that due to value would need TMG and Finance Committee review	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	28/10/22	↑ Increased from 12 to 16 on 08/10/22
UHD	1502	15	Caring for mental health patients in a physical health environment could	Incidents continue to increase, and daily MH meetings for	Reed, Sue - Group Director of	Chief Nursing Officer &	Medical Care Group Board	27/09/21	03/10/22	↔




Risk Register Report

			be of detriment to patients, other patients and lead to further harm to due the levels of skill and expertise required.	escalation. Strategic and operational meetings. Mental Health World Cafe is being worked up. Enhanced care T&F group.	Nursing (Medical Care Group)	Deputy CEO - Paula Shobbrook	Mental Health Steering Group 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. Work ongoing to align job plans to support all day operating in trauma. Current performance 31.6% NHFd and 60% of for surgery within 36h. 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	31/10/22	
UHD	1647	12	Medical and nursing handovers are not always effective and the lack of consistent, safe and effective handover processes poses a direct significant and frequent risk of harm to patients.	Person centred communications and handover processes between areas, teams, clinicians has been included in the specification and scope of the EPR convergence project. OBC due to be presented to all trust boards across the ICS in November 2022.	Hodson, Matthew - Deputy Chief Nursing Officer	Acting Chief Medical Officer – Ruth Williamson	Transformation and Innovation Committee Informatics programme Group	27/09/21	30/09/22	
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	Reprofiled recovery trajectory for over 62 day cancer waits submitted to SW NHSE regional team. Improvement in FDS and 62 day performance in latest validated performance data (Sept 22). Challenged tumour sites: Colorectal, Gynaecology and skin. Ongoing delivery of improvement actions.	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	02/11/22	



Risk Register Report

			rely on a single handed practitioner							
UHD	1292	12	Outpatient follow up appointments – risk of backlog due to insufficient capacity to book within required dates. Risk to patient care.	Raised at Care Group Board by outpatients-action for meeting with service managers in medicine and surgery to agree for ownership and plans to work on backlog to go to specialty level.	Macklin, Sarah - Interim Director of Operations (Specialities Care Group)	Chief Operating Officer - Mark Mould	Finance & Performance Committee Operations & Performance Group Clinical Support Directorate Governance Group	19/07/20	11/10/22	
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.	Discussed with Leanne Aggas felt more appropriate for this to sit within the Medical care group	Hodson, Matthew - Deputy Chief Nursing Officer	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Medical Care Group Board Child Health Directorate Governance Group Mental health Steering Group Safeguarding Group	22/02/21	26/10/22	
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	Strategy paper uploaded to the risk - this will inform the action plan the Care Group needs to create. This proposal is to be discussed with NHSEI today.	Daughters, Abigail - Group Director of Operations (Surgical Care Group)	Chief Operating Officer - Mark Mould	Surgical Care Group Board Head & Neck Directorate Governance Group	28/06/21	13/10/22	

Risk Register Report

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 treatment pathways are not optimal and patient outcomes are affected.	Progress with reducing reporting times using both 4 Ways and Hexarad.	Williamson, Ruth - Deputy Chief Medical Officer (RBCH)	Deputy Chief Medical Officer PH - Matt Thomas	Quality Governance Group Radiation Group Radiology Clinical Governance Group Specialities Care Group Board	28/07/22	04/11/22	
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 patient's treatment. A risk exists across all specialties in the Trust who have referrals coming into the Trust via e-RS.	Informatics have been told that the Upper GI team are now happy with their work with outpatients and therefore will re-engage on this development piece. We are endeavouring to plan a timeline for this but I do not have this available at this time.	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	01/11/22	
UHD	1591	12	There is a risk of data loss and/or service interruption as a result of the inadequate	Progress continues due to the diligent work of the IG team. Greater than 60% of high priority	Gill, Peter - Chief Information & IT Officer	Chief Information & IT Officer - Peter Gill	Information Governance Steering Group	28/06/21	04/10/22	




Risk Register Report

			management of the large suite of Information Assets that contain Personal Identifiable Data.	assets are now compliant to DPSG			Quality Improvement & Digital Transformation Group			
Covid										
UHD	1342	16	The inability to provide the appropriate level of services for patients during the COVID-19 outbreak	Increase in covid numbers across both sites alongside related staff sickness has caused operational issues in October. The 4th Wave has since declined. The IPC team continue to offer expert advice in managing the placement of patients to minimise risk. The Trust vaccination programme is live.	Jordan, Sophie - Interim Director of Operations	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Finance and Performance Committee Operational Management Group	23/07/20	02/11/22	
Equipment /Estates Risks										
UHD	1401	16	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. 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. If the PDA's are not replaced there is a risk that there will be an	No update	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	03/11/22	

Risk Register Report

			increase in errors in the transfusion process							
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	Replacement of fire doors commenced (30 this financial year). Contractors on site undertaking 'firestopping' work. Fire training 98% Thermographic survey in progress. Water distribution works completed (Block L)-awaiting final sign off	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	28/10/22	
UHD	1214	12	Quality and Clinical management of Point of Care Devices Potential risks: • 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	POCT Group to be restarted once time and resource available, no progress. There continue to be numerous pieces of equipment that are used for patient point of contact testing, providing results locally by a screen or print out. Continues to be no single point for quality assurance.	Webster, Daniel - Group Medical Director (Specialities Care Group)	Acting Chief Medical Officer – Ruth Williamson	Health & Safety Group Medical Devices Safety Group Pathology Directorate Governance Group Specialities Care Group Board	26/04/21	21/10/22	
Workforce Risks										
PH	1281	16	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	Discussed at length at Radiology QR Group. For review by current Exec sponsor as rating yet to be agreed for separate risks. Ionising have 1 8a vacancy and below the recommended number of MPEs. Non-ionising will have no one in the team next month.	Macklin, Sarah - Interim Director of Operations (Specialities Care Group)	Chief Operating Officer - Mark Mould	Workforce & OD Group Specialities Care Group Board Clinical Support Directorate Governance Group	22/02/21	04/11/22	



Risk Register Report

			risk of patient harm related to optimal treatment choice and staff harm in relation to radiation safety							
UHD	1483	16	There is a reduced Clinical Pharmacy service to the wards due to significant levels of pharmacy vacancies, sick and maternity leave.	Update on the current vacancies within UHD pharmacy services. 15 Pharmacists 4 MM Technicians 1 Band 4 dispensary Technician 3 Foundation Technicians 1 Band 4 Technician 6 Pharmacy Assistants [18/10/2022 10:35:53 Rachel Richardson] This risk was reviewed at the UHD pharmacy Q&R team meeting held on the 14th October 2022. [10/10/2022 12:19:34 Claire Rogers] Interim review with Steve Bleakley. Situation continues to be challenged. New team member joining but more staff have resigned. Risk unlikely to change but further review will be undertaken at the Pharmacy QR meeting 14.10.22	Bolton, Nicholas - Deputy Associate Director of Pharmacy	Chief Operating Officer - Mark Mould	Specialities Care Group Board Clinical Support Directorate Governance Group Workforce Strategy Committee	22/02/21	18/10/22	
UHD	1692	15	There is a patient safety and staff wellbeing risk associated with the absence of a framework for Safe Medical staffing across UHD clinical services	Risk agreed by QC and escalated to board October 2022. medical workforce reviews underway in haematology, paediatrics T&O with plans for ICU anaesthetics next. 1.11.22 TMG agreed standardised rates for extra contractual activity with a 3 month notice period to ensure appropriate communication and implementation strategy is effective.	Williamson, Ruth - Acting Chief Medical Officer	Acting Chief Medical Officer UHD - Ruth Williamson	All Care Group Boards Medical Staffing TEG Workforce Strategy Committee	24/10/22	02/11/22	
RBH	1498	12	The trust is unable to service a fully staffed	Remains at the same level of risk.	Whitney, Sue - Deputy Group	Acting Chief Medical Officer	Workforce Strategy Committee	26/04/21	03/10/22	



Risk Register Report

			registrar out of hours rota for the Medical Care Group this is a risk to patient safety	The template is being reviewed and potentially re-calculated as current levels are not providing sufficient cover. Business case for additional numbers will be produced as required. work also ongoing to look at the tier 1 numbers as this impacts on this grade of staff and their working requirements.	Director of Operations (Medical)	– Ruth Williamson	Medical Care Group Board Medical Specialties CG group Medical Staffing TEG			
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.	There is a piece of work ongoing relating to safe medical staffing across the organisation supported by the QI team, based on the RCP safe staffing model	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	13/10/22	↔
PH	1283	12	There is a risk that we cannot adequately staff radiotherapy radiographer roles due to vacancies and maternity leave.	Lack of staff is impacting on CWT with increased breaches. SBARN resubmitted DGM. There are medium to long term solutions to recruitment and working with WCA to support.	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	07/11/22	↔
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 the flow of patients through the Trust.	Early career lead starts in post 14.11.22. In-patient teams continue to run with sustained capacity and demand gaps resulting in significant staff stress and morale as an impact. Staff retention continues to be challenged with over 50% of new staff leaving within the first year in post in OPS teams. Vacancies continue to grow within the newly qualified workforce group as an additional risk. Recruitment continues with a focus on staff	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	01/11/22	↔






Risk Register Report

				wellbeing to support staff retention where possible. Additional demands on in-patient therapies resulting from the discharge processes escalated through the flow fortnight work.						
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.	Risk reviewed; previous comments remain applicable.	Mardon, Irene - Deputy Chief People Officer	Chief People Officer - Karen Allman	People Directorate meeting Workforce Strategy Committee	26/04/21	18/10/22	
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.	Recruitment is going to the substantive roles in OH; changes to the B6 OHNA roles as we were unable to recruit to these positions. Adverts going live on track with the plan that new post will commence early 2023. Number of staff waiting over 10 days for an appointment in OH is reducing. Proposals being drafted to substantiate the current charity funded posts within OH.	Jones, Carla L - Deputy Director of Workforce & Organisational Development	Chief People Officer - Karen Allman	Workforce Strategy Committee People Directorate Meeting	26/04/21	07/11/22	

Risk Register Report

Transformation Risks										
UHD	1604	20	<p>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.</p> <p>Risk is delayed benefits by later than planned reconfiguration. Securing NHP enabling funds required in year to allow progression of key capital works</p>	<p>Risk remains unchanged. With OBC for NHP submitted and accepted for fundamental criteria review (FCR).</p> <p>Next review due end of October 2022.</p>	<p>Chief Strategy and Transformation Officer - Richard Renaut</p>	<p>Chief Strategy and Transformation Officer - Richard Renaut</p>	<p>Quality Committee</p> <p>Transformation Committee</p>	<p>28/06/21</p>	<p>04/10/22</p>	
UHD	1784	16	<p>There is a risk that inter-programme dependencies (eg. Beach, NHP, Decants) will impact negatively on the overall delivery of the Programme.</p>	<p>NHP OBC NHP OBC was submitted on time in July. However, reviews with national and regional team resulted in further clarifications to the OBC which are now being resolved by the team. Ongoing monitoring via the Reconfiguration Oversight Group which has responsibility for monitoring all programmes on the critical path and understands interdependencies across the different elements of the programme.</p> <p>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. Detailed programme plan developed and forms part of a separate agenda item to ROG. Following approval of this paper this risk may reduce to 12.</p>	<p>Killen, Stephen - One Acute Network - Programme Director</p>	<p>Chief Strategy and Transformation Officer - Richard Renaut</p>	<p>Transformation and Innovation Committee</p>	<p>02/08/22</p>	<p>04/11/22</p>	


Risk Register Report

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 that the risk has not changed and should remain the same.	Chief Finance Officer - Pete Papworth	Chief Finance Officer - Pete Papworth	Finance & Performance Committee	23/05/22	31/10/22	
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 that the risk has not changed and should remain the same.	Chief Finance Officer - Pete Papworth	Chief Finance Officer - Pete Papworth	Finance & Performance Committee	23/05/22	31/10/22	
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 that the risk has not changed and should remain the same.	Papworth, Pete - Chief Finance Officer	Chief Finance Officer - Pete Papworth	Finance & Performance Committee	28/06/21	31/10/22	
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..	Reviewed and no change	Rushforth, Helen - Head of Productivity and Efficiency	Chief Finance Officer - Pete Papworth	Finance & Performance Committee	22/11/21	25/10/22	
UHD	1594	12	Risk that the agreed capital programme will not be affordable within the ICS capital allocation (CDEL) resulting in	The Finance & Performance Committee reviewed the risk and agreed that the risk has not changed and should remain the same.	Papworth, Pete - Chief Finance Officer	Chief Finance Officer - Pete Papworth	Finance & Performance Committee Capital Management Group	28/06/21	31/10/22	

Risk Register Report

			operational and quality/safety risks and a delay in the reconfiguration critical path.						
--	--	--	--	--	--	--	--	--	--

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	1642	8	There is a risk to patient safety due to current staff shortages (Midwifery and maternity support workers) being experienced by maternity services.	Reviewed by Head of Midwifery and approved by Director of Midwifery Templates reviewed and revised in accordance with birth-rate plus. Funding for overseas recruitment approved. Review of community caseloads. Close working across Wessex and UHD with colleagues when escalation in progress. Rolling adverts brining in extra staff outside of newly qualified intake. Involvement in corporate recruitment initiatives.	Jones, Frances - Interim Director of Midwifery	25/10/2021	01/11/2022	 Decreased from 15 to 8

Risk Register Report

One Acute Network - Current Risks

A high level summary of the risk picture is shown below:

Programme	Risks at 12+	New	Comments
Transformation Portfolio (inc BAF)	3	None	NB : critical path risk – timeline is subject of separate agenda item. Likely this risk could be reduced following approval of this paper
Integration	1	None	
Reconfiguration	2	None	
New Hospital Programme (NHP)	7 risks/2 issues	1	1 new risk relating to shortages of HR Business Partner staff.
Acute Reconfiguration Capital group (ARC)	4	1	1 risk removed as it has been reduced from 12 to 8. 1 new risk relating to costs of Phase C2 at PH and ESL.
Clinical Design	6	None	1 risk removed as it has been reduced from 16 to 9.
Space Utilisation Group (SUG)	1 issue	None	
TOTAL	26	2	

Risks continue to be managed through the individual sub-groups.

- 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. The detailed programme plan and critical is subject of a separate agenda item at ROG.

There are 2 new risks:

- 1 ARC risk relating to increased costs of Phase C2 at PH and ESL: The PUBSEC / BCIS indices have increased the scheme costs to £2.76mn over budget.
- 1 NHP risk relating to shortages of HR Business Partner staff.

Risk Register Report

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	15	5	8	0
	Likely (4)	1	19	12	9	0
	Possible (3)	1	32	42	5	0
	Unlikely (2)	1	12	19	5	4
	Rare (1)	0	0	0	0	1

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

Current Risk Score– UDH total	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	April 22	May 22	June 22	July 22	August 22	Sept 22	Nov 22
Very Low (1-3)	7	7	5	1	3	3	2	2	1	1	2	2
Low(4-6)	105	106	101	91	97	96	88	81	73	71	67	67
Moderate(8-10)	97	94	90	91	88	87	86	97	89	92	91	85
Moderate(12)	26	25	26	23	22	17	17	16	17	17	17	17
High (15 -25)	23	23	24	22	21	18	21	21	21	22	22	22
Total number of risks under review	258	255	246	228	231	221	214	217	201	203	199	193

Risk Register Report

7. Compliance and Risk Appetite

Summary of compliance UHD overall:

<i>Current Risk Grading</i>	<i>No: of risks under review</i>	<i>Number of Risks compliant with Risk Appetite timescales</i>	<i>% of Risks Compliant with Risk Appetite timescales</i>	<i>Month on month position</i>
12 and above	39	38	97%	↓3%
8 to11	85	61	72%	↑1%
4 to 7	67	49	73%	↔
1 to 3	2	2	100%	↔
Total	193	150	78%	↑1%

Risk Register Report

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
1397	Provision of 24/7 Haematology/ Transfusion Laboratory Service	20	High 15 - 25	1	Very Low 1 - 3
1429	Ambulance handover delays - risk to patient harm, performance and organisational reputation	20	High 15 - 25	3	Very Low 1 - 3
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	6	Low 4 - 6
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
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
1393	Endoscopy capacity & Demand	16	High 15 - 25	4	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
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

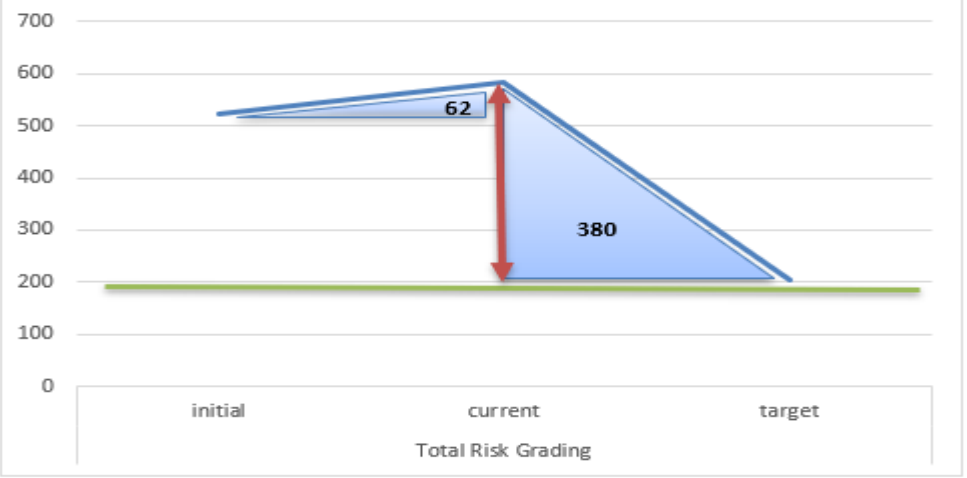
Risk Register Report

Ref	Title	Rating (current)	Risk level (current)	Rating (Target)	Target Level
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
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

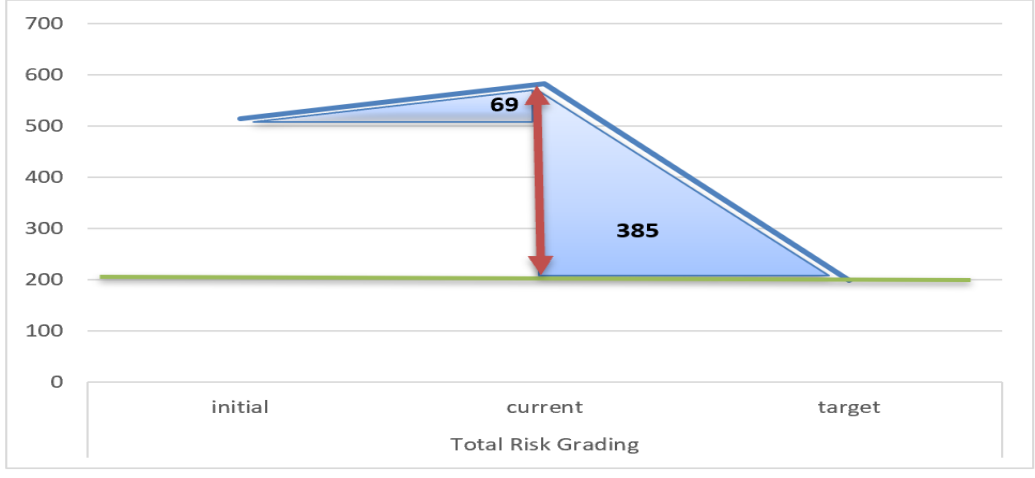
Risk Register Report

Total Risk grading:

September

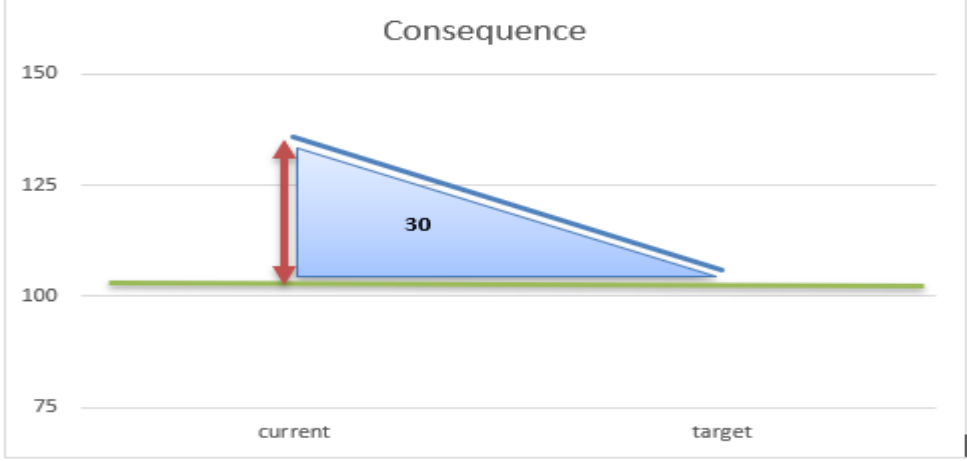


October

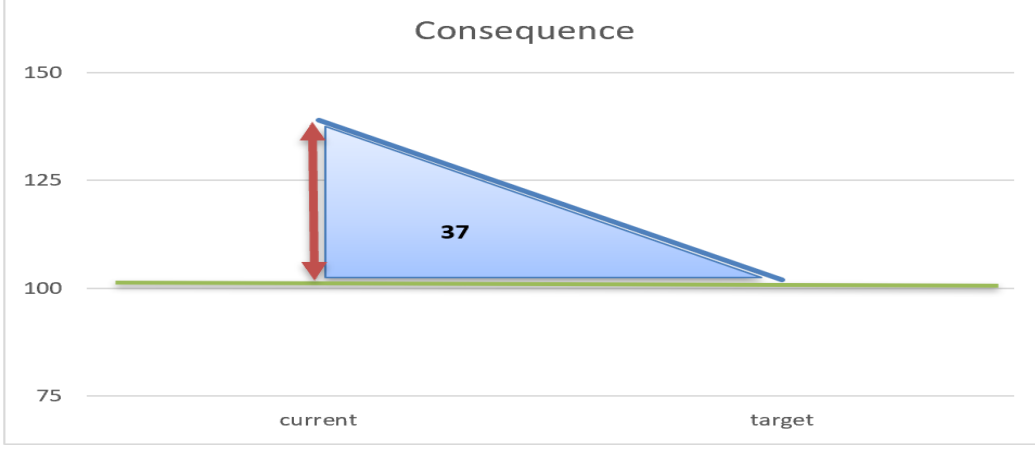


Consequence:

September

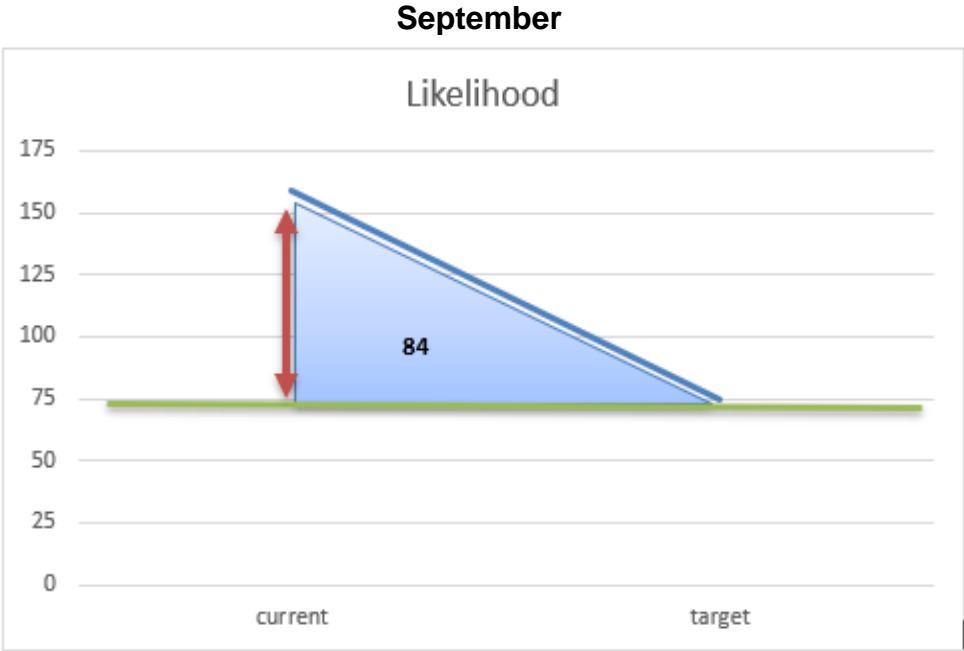


October



Risk Register Report

Likelihood:



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

Risk Register Report

8. Recommendations

TMB 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

Risk Register Report

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

Risk Register Report

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

Risk Register Report

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 of 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