Ref	Specific Objective	BAF Risk Executive Lead	Risk Ref.	Risk Title	Risk Lead	Qtr 1 Rating	Qtr 2 Rating	Consequence	Likelihood	Severity	Movement	Last Update	Monitoring Group	Target risk rating
1.1	To deliver wide range of Patient Safety Quality Priorities, using a quality improvement (QI) approach:	Chief Strategy & Transformation Officer	1600	If we do not deliver the Trust's QI and Innovation Strategy there is a risk that the Trust will not improve outcomes or deliver efficiencies in line with the Trust's values of being an improving organisation	Betts, Alan - Deputy Director of Transformation	0	0				⇩ Closed from RR 4	[05/05/2022] QI priorities agreed for 2022/23 at TMG - ongoing delivery of QI strategy with no new risks identified. **RISK CLOSED**	Transformation Committee	0
1.1.1	Deliver quality priority - **managing the deteriorating patient**	Chief Medical Officer	1605	Managing the deteriorating patient - if the Trust is unable to develop a unified policy and process for the monitoring, escalation and management of a deteriorating patient then there is a risk to patient safety and patient outcomes.	Williamson, Ruth - Acting Chief Medical Officer	9		3	3	Moderate	⇔	[04/05/2022] Good progress on a number of workstreams with DIVA project, IV fluids and TEP management now live. Communication with ITU imminent and 2222 calls will go live in August when new doctors hand over Work continues on safe medical staffing model	Quality Committee Quality Governance Group	
1.1.2	Deliver quality priority - **standardised safety checklists**	Chief Medical Officer	1599	If unable to embed culture for use of safety checklist process for all interventional procedures undertaken across UHD then risk of never events occuring with potential harm to patients and regulatory action from CQC. Risk that variable application across UHD and lack of standardisation across sites for same specialities, including staff training, will impact on compliance and culture .	Williamson, Ruth - Acting Chief Medical Officer	9	9	3	3	Moderate	⇔	[08/08/2022 15:50:38 Janey Harbord (UHD)] This risk has been closed as reaching target grading (in line with policy)	Quality Committee Quality Governance Group	6
1.1.3	Deliver quality priority for 2022/23 - **acute kidney injury/dialysis management**	Chief Medical Officer												
1.1.4	Deliver quality priority for 2022/23 - **blood glucose management**	Chief Medical Officer												
1.1.5	Deliver quality priority for 2022/23 - **the deteriorating patient in ED**	Chief Medical Officer	1605	Managing the deteriorating patient - if the Trust is unable to develop a unified policy and process for the monitoring, escalation and management of a deteriorating patient then there is a risk to patient safety and patient outcomes.	O'Donnell, Alyson - Chief Medical Officer	9	0				⇩ **Closed**	[08/08/2022] This risk has been closed as reaching target grading (in line with policy). Policy and QI group established. **RISK CLOSED**	Quality Committee Quality Governance Group	0
1.1.6	Deliver quality priority for 2022/23 - medical/pharmacy communication	Chief Medical Officer												
1.1.7	Improve against **Stroke pathway quality standards**	Chief Operating Officer	1468	Stroke Outreach Team Staffing. If there not an appropriate uplift to the staffing profile for UHD Stroke Outreach Team then there is a risk to patient safety	Gower, Morwenna - Stroke Service Manager	9	9	3	3	Moderate	⇔	[09/08/2022] Risk and actions remain current	Stroke Governance Group	2
1.1.8	Improve against **Trauma pathway quality standards**	Chief Operating Officer	1277	Risk that Trauma Patients on non-trauma wards receive a reduce level of specialist input due to lack of trauma nursing, therapy and dedicated medical cover. Increased impact on ED performance standards due to lack of Trauma Capacity.	West, John - General Manager, Trauma and Orthopaedics	9	9	3	3	Moderate	⇔	[23/09/2022] no change to risk	Trauma and Orthopaedics Governance Group	4
1.1.8	Improve against Trauma pathway quality standards	Chief Operating Officer	1136	High level of qualified staff vacancies (24.6%) across the trauma wards, leading to risk to the quality of care to patients. Inability for the nursing bank office to provide substantive replacement staff for each vacant shift resulting in agency usage impacting available skill mix. ward nursing staff report increased workload and delays in care delivery.	West, John - General Manager, Trauma and Orthopaedics	6	6	2	3	Low	⇔	[21/09/2022] 21/09/22 no change to risk or mitigations	Trauma and Orthopaedics Governance Group	3
1.1.8	Improve against Trauma pathway quality standards	Chief Operating Officer	1439	Risk that lack of capacity to admit routine Orthopaedic Patients for their surgery creates inability to maintain or recover RTT position. This may lead to more complaints around compromising wellbeing of patients attributable to deteriorating access and waiting times. Operations may be cancelled when unable to maintain ringfenced bed base to meet GIRFT requirements.	West, John - General Manager, Trauma and Orthopaedics	10	6	2	3	Moderate	⇩	[23/09/2022] access to theatre template is restricted by theatre and anaesthetic staffing gaps. ringfencing of bed base in place risk reduced but remains	Trauma and Orthopaedics Governance Group	6

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1.1.8	Improve against Trauma pathway quality standards	Chief Operating Officer	1276	Unsafe and delayed patient care due to delays in surgery for # Neck of Femur patients - 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.	West, John - General Manager, Trauma and Orthopaedics	15	15	3	5	High	⇔	[23/09/2022] updated action plan, risk remains unchanged.	Trauma and Orthopaedics Governance Group	2
1.1.8	Improve against Trauma pathway quality standards	Chief Operating Officer	1207	T&O Medical Staffing Shortage at Junior and Middle Grade Level	West, John - General Manager, Trauma and Orthopaedics	9	6	2	3	Moderate	⇩	[23/09/2022] no change to risk [29/07/2022] changes to locums nest approvals and locum rates reduce time to plan and fill gaps increasing the risk of uncovered shifts. escalated to care group. [04/07/2022] recurrent recruitment underway, work with HR to reduce/remove fixed term contracts where possible.	Trauma and Orthopaedics Governance Group	2
1.2	**Improve the safety and experience of emergency patients and their flow**, including moving towards zero the number of patients in hospital beds who don't have a reason to reside, by working with partner and improving our own processes to support safe and timely discharge from hospital	Chief Operating Officer	1131	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	Sophie Jordan - Associate Director - Operations, Flow and Facilities	20	20	4	5	High	⇔	[04/10/2022] Risk rating remains the same. High bed occupancy impacting on emergency flow and the ability to offload ambulances and transfer patients to specialty wards. High number of MRFD patients across the organisation impeding flow. A rapid decant initiative is planned at system level to reduce the number of patients with delayed transfers by 100 by the end of October. Internal improvements are implemented and monitored via the Hospital Flow Improvement Group and the ED rapid decompression plan. A system mobilisation group is in place to focus on capacity gaps and has national funding associated to reduce the bed gap e.g. increase/enhancement of SDECs at UHD. There remains a capacity gap and this is the priority of the system to bridge prior to further impact of winter pressures. [05/08/2022] 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 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.	Finance and Performance Committee	6
1.2	Improve the safety and experience of emergency patients and their flow, including moving towards zero the number of patients in hospital beds who don't have a reason to reside, by working with partner and improving our own processes to support safe and timely discharge from hospital	Chief Operating Officer	1387	Demand & Capacity: Demand will exceed capacity for acute inpatient beds	Sophie Jordan - Associate Director - Operations, Flow and Facilities	20	20	4	5	High	⇔	[04/10/2022] High occupancy levels experienced across both sites impacting on operational flow and ED ambulance handover performance. The Hospital Flow Improvement Group continues to focus on the 4 key areas to support flow. However significant pressures placed on the inpatient areas due to high number of MRFD patients per day and an increase in Covid prevalence. Action plans are updated weekly and shared via the Trust Governance structure. External mobilisation group in place to enact the system capacity plan with national monies to fund winter initiatives. [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.	Finance and Performance Committee	6

Ref	Specific Objective	BAF Risk Executive Lead	Risk Ref.	Risk Title	Risk Lead	Qtr 1 Rating	Qtr 2 Rating	Consequence	Likelihood	Severity	Movement	Last Update	Monitoring Group	Target risk rating
1.2	Improve the safety and experience of emergency patients and their flow, including moving towards zero the number of patients in hospital beds who don't have a reason to reside, by working with partner and improving our own processes to support safe and timely discharge from hospital	Chief Operating Officer	1053	Lack of capacity for elective & non elective activity and risk to patient harm due to LLOS and NRTR patients	Jones, Jackie - Associate Director Partnership Integration and Discharge	20	20	4	5	High	⇔	[05/10/2022] System discussion and planning for circa 40 beds across Dorset and BCP LA's to support placements for NRTR patients, Becky Whale leading as part of the ICB 2 week 'Do something different'. COO has secured agreement with the ICB to increase the level of fee for patients who require placements through brokerage, this will support a number of patients given there are beds available within the system but at a higher fee. Plan the proposal for the 7 day working model for the Complex Discharge team for approval by week end. [04/10/2022] UHD Wide Harm Dashboard developed for incidents relating to NCRTR and CTR. Engagement across the trust starting with Hospital Flow improvement programme, workstream 3 and 4 and with the nursing and midwifery forum. 100 day plan contains actions to develop and strengthen the governance relating to potential harm, which is raised through existing LERN protocol at present, to ensure that this meets all requirements of the 100 day plan. Regular review and escalation of potential and actual harm undertaken with discharge team for complex discharges. MRFD list highlighting patients at risk of potential harm is circulated daily and discussed with partners. [01/09/2022] 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 bock-booked interim care home beds. MRFD patients increased to a high of 262 at the end of August. Three priority areas agreed as part	Finance and Performance Committee	6
1.2.1	Also **improve the responsiveness and quality of Urgent and Emergency Care (UEC) as measured by a reduction in 12 hour waits in ED** towards zero, minimisation of handover delays and same day emergency care outcomes supported by implementation of the UEC 10 Point Action Plan	Chief Operating Officer	1460	Ability to meet new UEC National Standards and related impact on patient safety, statutory compliance and reputation.	Higgins, Michelle - General Manager - Urgent and Emergency Care	20	20	4	5	High	⇔	[03/10/2022] Attendances in August reported a material reduction compared to July with just under 13800 attendances (c500 less at RBH and c200 less at Poole). However, waiting time standards have not been delivered and crowding in the Emergency Departments remains a daily operational challenge. There was an reduction in the number of patients waiting more than 12 hours in the department (100 fewer equally split between the sites). The total number waiting for more than 12 hours from referral increased marginally (n=6). Wait times for beds marginally reduced at RBH and increased at Poole, but remains a significant challenge - 7 hours ant RBH and over 8.5 at PH as an average in month. Non admitted times reduced by c8 minutes at Poole, but increased at RBH by 40 minutes. Despite the overall reduction in attendances conveyances by ambulance remained comparable to July (>3800). There was a marked reduction in Ambulance handovers waiting more that an hour, with almost 200 fewer than the previous month. This was delivered by funding additional Ambulance handover crews at both sites allowing 4 additional crews to hand over if the main emergency department becomes full. UHD recorded an improvement of over 1000 hours returned to the Ambulance Service compared with July - total time lost 2272 hours in August compared to 3242 hours in July	Operations and Performance Group	6
1.3	To **design and transfer outpatient services with a Digital First offer, improving access to care**, diagnostics strategy delivery, reducing travel times, and through effective completion of care pathways	Chief Operating Officer	1464	Re-designing outpatient services for future demand Risk that the Trust fails to respond to the challenge of changing models of outpatient care in line with National trend information relating to population growth and aging population needs. Developing innovation and new models of care is essential to future-proof access to relevant clinical intervention and advice in a timely way.	Sarah Macklin, DOO Specialities Care Group	9	9	3	3	Moderate	⇔	[09/08/2022] Following a recommendation from PA Consulting the admin staff are currently under consultation to restructure.	Finance and Performance Committee	4

Ref	Specific Objective	BAF Risk Executive Lead	Risk Ref.	Risk Title	Risk Lead	Qtr 1 Rating	Qtr 2 Rating	Consequence	Likelihood	Severity	Movement	Last Update	Monitoring Group	Target risk rating
2.1	To continue to engage with staff at all levels to ensure we maintain focus and realise the **Health, Wellbeing and Covid-recovery needs** and priorities of all our people, investing in appropriate provision of holistic interventions and resources. To engage with staff so that they feel valued and listened to and to strengthen our compassionate and inclusive culture, acting on staff culture champions recommendations and demonstrating success through the national staff survey	Chief People Officer	1493	Absence, Burnout and PTSD - Risk of medium and lon	Carla Jones Deputy Director of Workforce & Organisational Development Deborah Matthews Director of Improvement and OD	12	12	4	3	Moderate	⇔	[03/10/2022] OH Referrals remain high. Appointment wait times to see an OH Nurse Adviser or Doctor currently around 4/5 weeks. All waiting referrals are reviewed and prioritised. No delays being experienced with pre-employment checks. Recruitment to 4 x B6 OH Specialist nursing roles to increase the staffing template has been unsuccessful to date despite advertising several times. The B6 role remains an important requirement to support recruitment and onboarding processes and reducing and managing staff sickness absence levels. Given the national shortage of this role, alternative staffing options are being considered. PSC service now fully staffed and there is minimal delay to support. A number of services are now offered through the PSC service which is supporting staff.	Workforce Strategy Committee	4
2.2	To support teams in coming together to operate as a single team across UHD sites, embedding our values and behaviours, policies and processes and to identify talent and raise performance and staff engagement across the Trust as measured by an improvement staff integration survey	Chief People Officer											0	
2.3	To deliver the **Trust's People Strategy** by developing effective and responsive People services, policies and practices for each stage of the employee cycle. This will include workforce planning recruitment and retention, training and education, employee relations, temporary workforce and workforce systems	Chief People Officer	1492	Resourcing Pressures - Staffing. 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.	Irene Mardon - Deputy Chief People Officer	12	12	4	3	Moderate	⇔	15/09/2022] Staff in post and budgeted establishment data for HCSW, as verified by ward leads via Group Directors of Nursing, now available on ESR and will be used by Business Intelligence in monthly PWR reporting going forward. Open Day 10 Sept focusing on HCSW vacancies resulted in 60 offers being made and further day of interviewing scheduled for remaining 30 or more applicants, which is expected to greatly improve the HCSW vacancy rate. Verification of Midwives and Maternity Support Workers in the process of being verified; it is hoped this data will also be included in PWR reporting this month. Objective is for BI to be able to use verified data for reporting vacancies for all staff groups in the PWR by end of this year. Vacancy data by cost centre and staff group expected to be available to managers at end of calendar year, once the data warehouse facility is fully operational. Cleansing of Right to Work, Visa and DBS data held on ESR is progressing, although slower than hoped due to pressure of work priorities in Workforce Systems team, updating carryover annual leave, re-implementing parking charges, new pay and pension rates, and correcting high numbers of payroll and rostering errors. [08/09/2022] All actions within the action plan have been reviewed and updated.	Workforce Strategy Committee	4
2.4	To champion **Equality, Diversity and Inclusion across UHD** through positive action and promote initiatives which continue to improve results against workforce equality standards (eg WRES and WDES)	Chief People Officer											0	
2.4.1	Implement the National Patient Strategy requirement to develop a just culture across UHD as part of a ICS workforce plan	Chief People Officer											0	
2.4.2	Define and agree measures to monitor implementation of inclusive leadership, equal opportunities in career development and endorsement of staff networks	Chief People Officer											0	
3.1	Agree and deliver a sustainable budget, including delivery of the Trust Cost Improvement Programme. **This includes realising the opportunities identified in the Getting It Right First Time (GIRFT) and Model Hospital benchmarking data**	Chief Medical Officer	1416	GIRFT and Model Hospital 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.	Helen Rushforth - Head of Productivity & Efficiency	16	16	4	4	High	⇔	[30/09/2022] Reviewed, no change	Finance and Performance Committee	6
3.1.1	**Agree and deliver a sustainable budget**, including delivery of the Trust Cost Improvement Programme.	Chief Finance Officer	1594	Capital Programme Affordability (CDEL) - Risk that the agreed capital programme will not be affordable within the ICS capital allocation (CDEL) resulting in operational and quality/safety risks and a delay in the reconfiguration critical path.	Papworth, Pete - Chief Finance Officer	12	12	4	3	Moderate	⇔	[04/10/2022] The Finance & Performance Committee reviewed the risk and agreed that the risk has not changed and should remain the same.	Finance & Performance Committee	6
3.1.1	**Agree and deliver a sustainable budget**, including delivery of the Trust Cost Improvement Programme.	Chief Finance Officer	1595	Medium Term Financial Sustainability -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.	Papworth, Pete - Chief Finance Officer	16	16	4	4	High	⇔	[04/10/2022] The Finance & Performance Committee reviewed the risk and agreed that the risk has not changed and should remain the same.	Finance & Performance Committee	6
3.1.1	**Agree and deliver a sustainable budget**, including delivery of the Trust Cost Improvement Programme.	Chief Finance Officer	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	Papworth, Pete - Chief Finance Officer	20	20	4	5	High	⇔	[04/10/2022 The Finance & Performance Committee reviewed the risk and agreed that the risk has not changed and should remain the same.	Finance & Performance Committee	8
3.1.1	**Agree and deliver a sustainable budget**, including delivery of the Trust Cost Improvement Programme.	Chief Finance Officer	1739	Financial Control Total 2022/23 - 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.	Papworth, Pete - Chief Finance Officer	20	16	4	4	High	⇩	[04/10/2022] The Finance & Performance Committee reviewed the risk and agreed that the risk has not changed and should remain the same.	Finance & Performance Committee	8

Ref	Specific Objective	BAF Risk Executive Lead	Risk Ref.	Risk Title	Risk Lead	Qtr 1 Rating	Qtr 2 Rating	Consequence	Likelihood	Severity	Movement	Last Update	Monitoring Group	Target risk rating
3.2	To deliver a Covid restoration programme that reduces the elective backlog, increases activity to pre-pandemic levels and returns waiting times and waiting patient numbers towards the national standards	Chief Nursing Officer	1383	Given the nature of the novel coronavirus, there is a risk that patients and/or staff could contract hospital acquired covid-19 infection as a result of inadequate or insufficient infection prevention and control processes and procedures, which may not be known due to evidence base available at the time of the pandemic	Bolton, Paul - Lead Nurse for Infection Prevention and Control	9	9	3	3	Moderate	⇔	23.9.2022 - Reviewed by MH/BP - Emergency and Urgent care demand continues, with with significant occupancy pressures through the summer months, remained on OPEL4, but largely out of internal critical incident. Tactical and Gold ask to review Covid-19 pathways and plans, to ensure capacity within the hospital in safely maximised (this was on an initial backdrop of a reduction in case rates and more patients admitted with incidental covid-19, but community cases increased significant) Management of Covid-19 Contacts in bay SOP continues (which in turn increases the likehood of covid-19 contact) The organisation continues to have its controls (as listed) in place and oversight documented above and alongside: Implementation of National IPC guidance i.e. reduced testing/staff/management and reduction in mask wearing as per national guidance. Outbreak Management and oversight continues Regular learning from incidents shared and PIR process Fit Testing Process in place (policy due for ratification). IPC Cell meetings frequently including update on Epicell data	Quality Committee Infection, prevention & control group	6
3.2	To deliver a Covid restoration programme that reduces the elective backlog, increases activity to pre-pandemic levels and returns waiting times and waiting patient numbers towards the national standards	Chief Operating Officer	1342	The inability to provide the appropriate level of services for patients during the COVID-19 outbreak - There is potential for this outbreak to create a surge in activity with resultant pressure on existing services. Risk to personal health if staff contract Covid-19 Risk to the organisation relating to staffing gaps (medical, nursing, AHP, ancillary) due to social isolation requirements and sickness. Risk of Covid-19 positive patients presenting to main hospital services causing risk from spread of infection	Sophie Jordan - Associate Director - Operations, Flow and Facilities	16	16	4	4	High	⇔	[04/10/2022] Longwaits over 52ww continue to be below the operational planning trajectory. Reduction in the total waiting list means the denominator for RTT performance and the proportion of long waits as a proportion of the waiting list will also be reduced. Weekly Tier 2 meetings to review performance with the SW Regional team continue. [05/09/2022] 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	Quality Committee Infection, prevention & control group	6
3.2.1	**Deliver a Covid restoration programme for elective patients**	Chief Operating Officer	1074	Risks to regulatory performance compliance, patient delay and dissatisfaction if RTT related targets for 2020/21 are not met There is a risk that there will be patient harm from delayed pathways, NHSI/E regulatory challenges and premium expenditure requirements if the RTT related targets for 2020/21 are not met, namely: 1) Total waiting list to be no greater than Jan 2020 2) No 52 week waiters 3) RTT delivers to agreed operational plan trajectory for 2020/21 4) Recognise RTT standard is 92% (national NHS constitution target) and should be delivered where possible	Judith May, Associate Director of Operational Performance, Assurance & Delivery	20	20	4	5	High	⇔	[04/10/2022] Longwaits over 52ww continue to be below the operational planning trajectory. Reduction in the total waiting list means the denominator for RTT performance and the proportion of long waits as a proportion of the waiting list will also be reduced. Weekly Tier 2 meetings to review performance with the SW Regional team continue. [05/09/2022] 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	Finance and Performance Committee	6
3.2.1	Deliver a Covid restoration programme for elective patients	Chief Operating Officer	1439	Orthopaedic operational pressures ,outlying patients and reduced ward footprint. Potential lack of capacity to admit routine Orthopaedic Patients for their surgery creates inability to maintain or recover RTT position. This may lead to more complaints around compromising wellbeing of patients attributable to deteriorating access and waiting times. Operations may be cancelled when unable to maintain ringfenced bed base to meet GIRFT requirements. Demand has not reduced to the level previously anticipated following the introduction of MSK triage in 2017 and referrals have steadily increased after an initial fall. Additions to waiting list now exceed removals by an average of 37 patients per month in the past year	John West - General Manager, Trauma Orthopaedics, Surgery PH Site	10	6	2	3	Moderate	⇩	[23/09/2022] access to theatre template is restricted by theatre and anaesthetic staffing gaps. ringfencing of bed base in place risk reduced but remains	Finance and Performance Committee, Operations and Performance Group	6
3.2.2	**Covid restoration programme for cancer patients**	Chief Operating Officer	1386	Cancer waits - Risk of patient harm from delayed pathways, 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.	Judith May, Associate Director of Operational Performance, Assurance & Delivery	12	12	3	4	Moderate	⇔	[04/10/2022] Ongoing delivery of improvement actions taking place. Reprofile of recovery trajectory requested by the SW Region and due for submission 10 October 22.	Finance and Performance Committee	4

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3.2.3	**Deliver a Covid restoration programme for diagnostic patients**	Chief Operating Officer	1348	Covid related pause to Dorset Bowel Cancer Screening Programme and potential diagnostic delay	Lister, Alex - Group Director of Operations (Medical Care Group)	0					⇩ Closed from RR 6	[03/05/2022] Diagnostic wait standard achieved for April at 100%. RBH rooms are now back open following ventilation work and all planned insourcing weekends delivered. No further actions required at this point. RISK CLOSED	Finance and Performance Committee, Operations and Performance Group	0
3.2.3	Deliver a Covid restoration programme for diagnostic patients	Chief Operating Officer	1574	Breast screening backlog - There is currently a significant backlog with 20,000 women waiting for breast screening in Dorset and just 3.9% of women eligible are being offered screening. If this continues women will present later with breast cancer as 7-10% of every 1000 patients screened have cancer detected early. The earlier the condition is found the better the prognosis and the less likely the patient is to need major surgery and treatments such as chemotherapy	Mandy Tanner - Radiology General Manager	0					⇩ Closed from RR 16	[24/06/2022 Predicted to reach recovery September 2022. Following external inspection in 2019 increase in staffing levels recommended but business cases not supported. No vacancies achieved without increase in staffing. RISK CLOSED.	Finance and Performance Committee, Operations and Performance Group	0
3.2.4	**Deliver a Covid restoration programme for emergency care patients**	Chief Operating Officer	1429	Ambulance handover delays - 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 in the queue or community. See attached PDSA documents. There is also a risk to organisational performance standards and reputation	Lister, Alex - Group Director of Operations (Medical Care Group)	16	20	4	5	High	⇧	[03/10/2022] 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. [18/08/2022] 18/8/22 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.	Finance and Performance Committee, Operations and Performance Group	3
3.2.4	Deliver a Covid restoration programme for emergency care patients	Chief Operating Officer	1460	Urgent and Emergency Care (UEC) performance There is a potentional risk to patients waiting in excess of National Standards	Lister, Alex - Group Director of Operations (Medical Care Group)	20	20	4	5	High	⇔	[03/10/2022] Attendances in August reported a material reduction compared to July with just under 13800 attendances (c500 less at RBH and c200 less at Poole). However, waiting time standards have not been delivered and crowding in the Emergency Departments remains a daily operational challenge. There was an reduction in the number of patients waiting more than 12 hours in the department (100 fewer equally split between the sites). The total number waiting for more than 12 hours from referral increased marginally (n=6). Wait times for beds marginally reduced at RBH and increased at Poole, but remains a significant challenge - 7 hours ant RBH and over 8.5 at PH as an average in month. Non admitted times reduced by c8 minutes at Poole, but increased at RBH by 40 minutes. Despite the overall reduction in attendances conveyances by ambulance remained comparable to July (>3800). There was a marked reduction in Ambulance handovers waiting more that an hour, with almost 200 fewer than the previous month. This was delivered by funding additional Ambulance handover crews at both sites allowing 4 additional crews to hand over if the main emergency department becomes full. UHD recorded an improvement of over 1000 hours returned to the Ambulance Service compared with July - total time lost 2272 hours in August compared to 3343 hours in July.	Finance and Performance Committee, Operations and Performance Group	6
3.3	**To update and deliver our Green UHD Strategy and Plan** - including reducing our carbon footprint, improving air quality and make more sustainable use of resources	Chief Strategy & Transformation Officer	1446	Sustainability Strategy If we do not deliver the Trust's Sustainability Strategy there is a risk that the Trust will not either measure or reduce it's carbon footprint	Edwin Davies - Associate Director Capital and Estates	0					⇩ Closed from RR 4	04/05/2022 RISK CLOSED, on trajectory for sustainability	Sustainability Committee	0
4.1	To improve partnership and engagement with staff, governors, patients, local people and key stakeholders	Chief Strategy & Transformation Officer											0	0
4.1.1	Implement a communication and engagement plan, delivered over the year	Chief Strategy & Transformation Officer											0	0
4.1.2	Further develop our BU partnership and tangible benefits	Chief Strategy & Transformation Officer	1601	If we do not continue to develop the partnership with Bournemouth University it may lead to a failure to fulfil our potential as University Hospital which may mean we don't continue to attract staff and research opportunities as a leading University Hospital	Betts, Alan - Deputy Director of Transformation	0					⇩ Closed from RR 4	[05/05/2022] BU Programme in year 2, recent presentations by BU and UHD at respective Boards, no new risks identified and systems and processes in place to continue to deliver BU partnership. **RISK CLOSED**	Transformation Committee	0
4.1.3	Host the Dorset Innovation Hub on behalf of Dorset partner supporting spread of proven innovations	Chief Strategy & Transformation Officer											0	0

Ref	Specific Objective	BAF Risk Executive Lead	Risk Ref.	Risk Title	Risk Lead	Qtr 1 Rating	Qtr 2 Rating	Consequence	Likelihood	Severity	Movement	Last Update	Monitoring Group	Target risk rating
4.2	Work with partners to address Health inequalities and improve population health management, preventing ill health and promoting health lifestyles	Chief Executive	1603	The risk is establishing the Statutory ICS by April 2022 in a way that has effective governance and relationships that deliver against the 4 ICS objectives:- - improving population health and healthcare; - tackling unequal outcomes and access; - enhancing productivity and value for money; and - helping the NHS to support broader social/economic development) Failure to achieve the above leads to UHD being unable to fulfil its requirements and regulatory compliance.	Renaut, Richard - Chief Strategy and Transformation Officer	4	0				⇩ Closed	[01/09/2022] ICS established by July 1st with most executive posts filled. Further work required by ICS in order to effectively discharge statutory duties with provider collaborative work at minimum levels. Loss of organisational memory and further internal restructuring could hamper delivery of duties. There could remain an ongoing risk regarding the effectiveness of the ICS in discharging statutory duties however the recommendation is to close this current risk given the successful establishment of the ICS.	Board of Directors	0
5.1	Develop the reconfiguration plan to create the emergency and planned hospitals. This includes site decants and clinical services moves starting in 2022, teams being prepared and understanding their trajectory for new estate and new models of care	Chief Strategy & Transformation Officer	1602	Risk that In year delays to the critical path programme can lead to costs increasing by £0.5m a month. Complexity of the programme and external approvals required for capital expenditure generate the likelihood	Killen, Stephen - One Acute Network - Programme Director	8	0				⇩ Closed	[02/08/2022] Risk now closed As this risk focused on FBC approval and associated in year delays if Wave 1 STP funding/deliverables went off track, this is now under control and can be closed. A new timeline risk associated with critical path deliverables has now been opened	Transformation Committee	0
5.1	Develop the reconfiguration plan to create the emergency and planned hospitals. This includes site decants and clinical services moves starting in 2022, teams being prepared and understanding their trajectory for **new estate** and new models of care	Chief Strategy & Transformation Officer	1260	There is a risk that we are unable to maintain the Trust estate in line with Clinical and regulatory requirements. Risk to staff and patient safety and risk of regulatory action if statutory breaches identified. Ensuring Estates are compliant with regulatory standards (SFG20/HTM00) across fire, water, electricity, gases and air handling	Edwin Davies - Associate Director Capital and Estates	12	12	3	4	Moderate	⇔	[04/10/2022] - assessment of aggregated controls show positive progress acros all dimensions of the risk. With the exception of Electrical infrastructure survey at Poole (due to lack of contractor availability), however mitigation will increase as contractor commissioned Opportunities optimised during reconfiguration and upgrade activity : [26/08/2022] Works raised with contractors (Fire) for further progress review next month and update to aggregated controls score card	Quality Committee	4
5.1.1	**Develop the reconfiguration plan** to create the emergency and planned hospitals. This includes site decants and clinical services moves starting in 2022, teams being prepared and understanding their trajectory for new estate and new models of care	Chief Strategy & Transformation Officer	1604	Delay in securing UHD and wider Dorset New Hospital Programme (NHP) funds	Killen, Stephen - Programme Director	20	20	4	5	High	⇔	[04/10/2022]Risk remains unchanged. With OBC for NHP submitted and accepted for fundamental criteria review (FCR). Next review due end of October 2022. [08/09/2022] 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 [08/08/2022] Risk remains unchanged. With OBC for NHP submitted and accepted for fundamental criteria review (FCR). Next review due end of September 2022	Quality Improvement and Digital Information Group Transformation and Innovation Committee	8
5.2	W**ork with system partners in establishing the Dorset ICS** and within that develop the Dorset provider collaborative	Chief Executive	1603	The risk is establishing the Statutory ICS by April 2022 in a way that has effective governance and relationships that deliver against the 4 ICS objectives:- - improving population health and healthcare; - tackling unequal outcomes and access; - enhancing productivity and value for money; and - helping the NHS to support broader social/economic development) Failure to achieve the above leads to UHD being unable to fulfil its requirements and regulatory compliance.	Renaut, Richard - Chief Strategy and Transformation Officer	4	0				⇩ Closed	[01/09/2022] ICS established by July 1st with most executive posts filled. Further work required by ICS in order to effectively discharge statutory duties with provider collaborative work at minimum levels. Loss of organisational memory and further internal restructuring could hamper delivery of duties. There could remain an ongoing risk regarding the effectiveness of the ICS in discharging statutory duties however the recommendation is to close this current risk given the successful establishment of the ICS.	Board of Directors	0
5.3	**Implement the UHD Digital Transformation Strategy**	Chief Informatics & IT Officer	1298	There is a risk that we fail to maintain and develop the Trust IT services in line with clinical and operational requirements	Gill, Peter - Chief Information & IT Officer	10	10	5	2	Moderate	⇔	[12/05/2022] We have now formally started our rolling stock replacement programme as supported by the 2022/23 IT Capital programme. Staff recruitment has been successful and devices have been procured/received. The Informatics IPR shows that core infrastructure uptime has been maintained at or above the expected level (99.9% uptime) consistently for 8 consecutive months.	Information Governance Group	8

Ref	Specific Objective	BAF Risk Executive Lead	Risk Ref.	Risk Title	Risk Lead	Qtr 1 Rating	Qtr 2 Rating	Consequence	Likelihood	Severity	Movement	Last Update	Monitoring Group	Target risk rating
5.3	Implement the UHD Digital Transformation Strategy	Chief Medical Officer	1378	Lack of Electronic results acknowledgement system - 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.	Ayer, Dr Ravi - Consultant Radiologist and Clinical Director	9	15	3	5	Moderate	⇧	[06/10/2022] escalated to ICS following a SI as no 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. To request risk is 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 [06/09/2022] Reviewed at panel, 4 linked moderate incidents in last 4 months. risk remains 9 Possible (monthly) 3x3 moderate- requiring professional intervention e.g. impact of injury in excess of a year but not life altering	Information Governance Group	4
5.3.1	**Progress digital transformation and play an active part in the key Dorset transformation plans programmes**	Chief Informatics & IT Officer											0	0
5.3.2	**Progress a Digital Dorset Shared Service**	Chief Informatics & IT Officer	1434	Delays to the implementation of the Dorset Care Record	Hill, Sarah - Assistant Director IT Development	6	0				⇩ **Closed**	[08/08/2022] This risk has been closed as reaching target grading (in line with policy) [04/08/2022 Pathology testing delayed due to resource issues in Pathology - due to commence at the end of August. Document feed being developed.	Information Governance Group	0
5.3.3	Procure and implement the Strategic Integrated Imaging Service: a digital diagnostics image sharing platform for Dorset	Chief Informatics & IT Officer											0	
5.3.4	**Create the Strategic Outline Case and Outline Business Case for the Dorset Electronic Patient Records system**	Chief Informatics & IT Officer	1756	There is a risk that the Graphnet CareCentric EPR degrades in its functionality and performance over the next 3 to 5 years	Hill, Sarah - Assistant Director IT Development	12	0				⇩ Closed	[19/08/2022] Closed - open in excess of 60 days without being made live	Information Governance Group	0
5.3.5	**Ensure that the IT infrastructure and BAU support services are fit for purpose** with minimal down-time and the technical layers are subject to a rolling stock replacement programme	Chief Informatics & IT Officer	1273	Cyber Security Risks, Threats and Vulnerabilities- There are risks related to cyber security that, potentially, can affect the resilience of the Trust's IT systems and data. This could adversely affect all trust business.	Martin Davis, IT Security Manager	10	10	2	4	Moderate	⇩	[11/08/2022] This is an ongoing risk so has been reopened with a new target risk score of 5. [08/08/2022] This risk has been closed as reaching target grading (in line with policy) [04/08/2022] This is an ongoing risk to remain open due to the ever present risk of a threat or vulnerability, both known and unknown, being used to affect the resilience of the Trust's IT systems and data. There have been no incidents or additional risks or mitigations to change the current risk rating.	Information Governance Group	5
5.3.5	Ensure that the IT infrastructure and BAU support services are fit for purpose with minimal down-time and the technical layers are subject to a rolling stock replacement programme	Chief Informatics & IT Officer	1437	There is a risk of total outage of the computing services at RBCH if the single point of failure of electrical supply fails	Gill, Peter - Chief Information & IT Officer	6	6	2	3	Low	⇔	[12/05/2022] The resilience of the new eCAMIS physical servers has been re-assessed. From EMIS: "The CaMIS database / and application are replicated in real time from the Primary to the Secondary server. We used a modified version of our fail over plan to implement the new CaMIS boxes. So this gives a recent practical example proving that replication works. We have monitoring in place as well to check the status of replication. So if this ever fails for any reason this is treated as a priority to resolve. This is monitored 24/7 and would be picked up by our hosting team if it fails out of hours. So in short there is protection for the database/ application and this is robust and replicated in real time" There are unique services running on the second server which is not standard practice (as the two servers should be exactly the same). Both eCAMIS boxes are still in the same data centre (with the single power supply) and the second box needs to be moved to the second Data Centre (DC2) at RBH to provide better resilience. This needs to be scheduled with EMIS group following the Single PAS go live (and settling in). The Radiology PACS system remains fully in the single Data Centre and its physical resilience needs to be reassessed.	Information Governance Group	1
5.3.6	Achieve a **compliant Data Protection and Security Toolkit submission**	Chief Informatics & IT Officer	1591	Information Asset Management.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.	Camilla Axtell - IG and Data Protection Officer	12	12	3	4	Moderate	⇔	[04/10/2022] Progress continues due to the diligent work of the IG team. Greater than 60% of high priority assets are now compliant to DPSG [05/09/2022] as of 1 Sep 2022 52% of high priority assets have been signed off as compliant to the DSPT requirements. Risk rating unchanged [03/08/2022] Recruitment of Directorate Digital leads remains underway. An action/improvement plan has been submitted to NHS Digital with regard to the DSP Toolkit, with a completion date of 30/09/2022. [04/07/2022] The corporate and care group performance of IAO work has not been sufficient to achieve a compliant DPST toolkit at the submission date of 30.6.22. Recruitment of Directorate Digital leads is underway	Information Governance Group Quality Improvement and Digital Information Group Transformation and Innovation Committee	4