University Hospitals Dorset
NHS Foundation Trust

Risk Register Report

The Quality Committee 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 Quality Committee the current controls and mitigating actions in place.

The Quality 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 December 2022 (as on 05/01/202)

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	3
Reduced, closed or suspended risk(s)rated at 12 and above to note	2
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 to11	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 10th of the month)
Target	This is the rating value when all identified mitigations and actions have been fully implemented. This risk rating should be in line with the risk appetite for the type of risk identified

Risk Matrix and Risk Scores

See Appendix A and B

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

1. **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 long waiter standards.	Corporate Directorates	20	Chief Operating Officer - Mark Mould	Compliant	Action plan (Sep 22) 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
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
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	**All actions closed- No evidence of current 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	**No evidence of current action plan within 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
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
1740	ICS Financial Control Total 2022/23	Corporate Directorates	20	Papworth, Pete - Chief Finance Officer	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
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

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Ref	Title	Care Group or equivalent	Risk Rating	Executive lead	Risk review Compliance (see definitions for timescales)	Risk action plan status
1342	The inability to provide the appropriate level of services for patients during the COVID-19 pandemic	Corporate Directorates	16	Chief Operating Officer - Mark Mould	**Non-Compliant**	**No evidence of current action plan within Risk record**
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
1739	Financial Control Total 2022/23	Corporate Directorates	16	Papworth, Pete - Chief Finance Officer	Compliant	Action plan within Risk record
1483	Pharmacy vacancies are affecting patient care	Specialities Care Group	16	Acting Chief Medical Officer – Ruth Williamson	Compliant	Action plan within Risk record
1393	Endoscopy capacity & Demand	Medical Care Group	16	Chief Operating Officer - Mark Mould	Compliant	Action plan attached to 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	**Non-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	**Non-Compliant**	**Action plan within Risk record out of date**
1692	Safe Staffing - Medical	Medical Care Group	15	Acting Chief Medical Officer UHD - Ruth Williamson	**Non-Compliant**	**No evidence of current action plan within Risk record**
1378	Lack of Electronic results acknowledgement system	Corporate Directorates	15	Chief Information and IT Officer- Peter Gill	**Non-Compliant**	**No evidence of current action plan within Risk record**
1647	Ineffective and inconsistent patient handover processes	Clinical and Operational Support Care Group	12	Acting Chief Medical Officer – Ruth Williamson	Compliant	**No evidence of current action plan within Risk record**
1594	Capital Programme Affordability (CDEL)	Corporate Directorates	12	Chief Finance Officer - Pete Papworth	Compliant	Action plan within Risk record
1492	Resourcing Pressures - Staffing	Corporate Directorates	12	Chief People Officer - Karen Allman	Compliant	Action plan within Risk record

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Ref	Title	Care Group or equivalent	Risk Rating	Executive lead	Risk review Compliance (see definitions for timescales)	Risk action plan status
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	Action plan within Risk record
1214	Risk of misdiagnosis/ incorrect treatment from use of ungoverned 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	**Non-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	**Non-Compliant**	**No evidence of current action plan within Risk record**
1283	There is a risk that we cannot adequately staff radiotherapy radiographer roles due to vacancies and maternity leave.	Specialities Care Group	12	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Compliant	Action plan within Risk record
1292	Outpatient Follow-Up appointment Backlog - Insufficient capacity to book within due dates	Specialities Care Group	12	Chief Operating Officer - Mark Mould	Compliant	Action plan within Risk record
1300	Provision of 24hr specialist care for children (under 18 years) who have mental health needs.	Specialities Care Group	12	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Compliant	Action plan within Risk record
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
1281	Radiation Physics Support Staffing Levels	Specialities Care Group	12	Chief Operating Officer - Mark Mould	Compliant	Action plan within Risk record

2. **New risks rated 12 and above:** No new risks reviewed at Quality Committee on the 17th January 23

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3. Current risks increased to 12 and above rating in month - reviewed at Quality Committee on the 17th January 23									
Site	**Ref**	**Risk Rating**	**Details**	**Update**	**Risk Owner**	**Lead Executive**	**Date placed on risk register**	**Last review date**	**Risk trend**
PH	1202	15	If the Obstetrics and Gynaecology Medical staffing rota remains understaffed then patients will not be treated within the required timeframe, both in the elective and emergency setting. The service will be impacted by a delay in responding to the Labour Ward and being able to carry out elective C-sections as well as affecting elective list cancellation due to medical staff being required to move to cover non-elective services. A prolonged short staffed working environment will impact on the remaining medical staff as they continue to sustain their increased workload. A delay in responding to the labour ward could have significant and serious effects on the safety of the patients, with potential for clinical signs not being spotted and dealt with in an appropriate time.	Discussed with Group Medical Director and Acting CMO. Reviewed and agreed at CG Board as Risk Rating 15. Discussed at Quality Committee 20 December 2022 under Care Group reporting as a risk of 15, discussed at QC 17/1/22 as increased risk in risk report.	Webster, Daniel - Group Medical Director (Specialities Care Group)	Acting Chief Medical Officer – Ruth Williamson	20.07.17	24.12.22	↑ Increased from 10 to 15
PH	1642	12	There is a risk to patient safety due to current staff shortages (Midwifery and maternity support workers) being experienced by maternity services.	Reviewed in light of concerns regarding ability to cover all staffing gaps and need to support staffing maternity triage with 3rd Midwife. Discussed with Head of Midwifery, followed up at Care Group Board. Discussed at QC 17/1/22 as increased risk in risk report	Interim Director of Midwifery- Frances Jones	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	09.08.21	24.12.22	↑ Increased from 8 to 12

PH	1744	12	If patients with maternity emergency complications are not seen appropriately by the correct staff, there will continue to be adverse outcomes with risk to the life of mother and unborn baby. Maternity triage is open 07:00-01:00 only	Risk reviewed and presented at Quality committee in December as part of Care group report. Regular audit to triage times against 15 mins BSOTS standard identifies that compliance cannot be maintained at all times in times of surges at peak times and periods of staff shortages. Increased to 12. This continues to monitored and forms of part of ongoing monitoring as part of CQC action plan. Discussed at QC 17/1/22 as increased risk in risk report	Claire Rogers-Group Director of Nursing	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	10.05.22	24.12.22	↑ Increased from 8 to 12

4. Current Risks rated at 12 and above - reviewed at Quality Committee on the 17th January 23

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.	Up to 60 additional system beds implemented from 16/12/22. 33 patients transferred as at 4/1/23 (equivalent to c 1.2 winter wards). Anticipate run rate to be maintained to 60, subject to IPC issues. System-wide additional package of care capacity to come on line. Daily internal and system Touchpoints to direct patients to above and all available capacity. Tracking report shows improvement in some external delays, but this remains variable and lacks consistency. Self funder delays reduced. LLoS focused approach being developed with NHS Dorset.Risk score remains at 20 whilst monitoring impact of above and other risks e.g.	Horn, Val - Directorate Manager	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	04/01/23	↔

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				community hospital limited capacity, flu and covid impact, social worker capacity.						
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. There is also a risk to organisational performance, impacting on statutory compliance and reputation.	November saw a reduction in attendances by around 20 a day and ambulance attendance reduced by 12% (regional reduction). Reduction in pts spending 12 hr in the department however continues to be >1000 per month. November saw a sharp increase both sites for paediatric attendances, driven by concern for GAS and RSV symptoms, particularly evenings and weekends further compounded by increase majors walk ins - particularly RBH. Acuity is high, patients requiring prolonged ED care and therefore adding to length of stay and occupancy in the dept. patients with NCTR continue to be high in inpatient beds and the admission and discharge daily imbalance accumulates in successive days that significantly impacts flow out of ED. Focus remains on bringing in ambulances within 30 mins,and SWAST are now cohorting in ED corridors as a formal arrangement for 4 weeks from early December to support the winter period. ECSS continue to support ED cohorting mainly at weekends. Intelligent conveyancing now in as BAU which is smoothing the flow to each site and seen a slight increase to Poole. ED Improvement/CQC action plan continues.	Alex Lister Group Director of Operations (Medical)	Chief Operating Officer - Mark Mould	Finance & Performance Medical care group Board Emergency & Urgent Care Directorate Governance Group Operations and Performance Group QR Finance and Workforce Group	22/02/21	29/12/22	

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				Focus in January is implementation of senior review screen in ED along with focus on improving WTBS and time to decision - particularly in RBH as we transition back to a 4 hr EAS and new bundle of measures post April 23.						
UHD	1074	20	Risks associated with breaches of 18 week Referral to Treatment and long waiter standards.	Improved 104 and 78 week wait position at end of December 2022. RTT compliance above 50%. Additional waiting list validation capacity being onboarded to commence in January 23. Routine elective capacity impacted by high bed occupancy due to emergency presentations and insufficient flow out of the hospitals of medically ready to leave patients. Cancellation of routine electives taking place to preserve capacity for urgent cancer pathways.	Mould, Mark - Chief Operating Officer	Chief Operating Officer - Mark Mould	Finance & Performance Committee Operations & Performance Group QR Finance and Workforce Governance Group	05/05/15	04/01/23	
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 Business Continuity Incident declared during November, with poor flow due to high number of MRFD patients. Average of 238 discharge delays per day in November reported. Internal Hospital Flow Improvement Group continues to focus on ED, SDEC, Flow and Discharge workstreams. ICB mobilisation plan is place, concern raised that the identified schemes will not achieve the minimum of 120 beds required to support flow and ambulance handover position across the system.	Associate Director - Operations, Flow and Facilities Sophie Jordan	Chief Operating Officer - Mark Mould	Finance & Performance Committee Operations & Performance Group Medical Care Group Board QR Finance and Workforce Governance Group	10/11/20	02/12/22	

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UHD	1131	20	Current challenges around patient flow and capacity due to increased demand, delays in external discharge, processes, pathways and bed closures have become increasing difficult to manage and presents risk to patient safety.	Risk rating remains the same. High bed occupancy across both sites impacting on the ambulance handover position and risk to patients. Currently not reaching agreed system trajectory for ambulance handover. High number of MRFD patients in the organisation (average 238 per day in November). Internal improvement programmes continue to focus on the number of internal discharge delays and the reduction of pts held over 60mins in ED as per professional standards by development of the Timely Admission and Discharge (TAD) policy. The ED rapid decompression plan also support the Hospital Flow Improvement Group focusing on the 4 workstreams. (ED/SDEC/Flow and Discharge). The system mobilisation schemes have been agreed to support a gap of 120 beds across Dorset. This number has increased to focus on 160 beds due to a rise in occupancy in November. Further development of system schemes are required to manage the capacity gap.	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 Facilities Directorate/Operation Governance Group	16/02/16	02/12/22	
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 and dynamic risk assessment in place, particularly to manage planned Strike days impact. Delays over 1 hr reduced significantly in November with 2926 lost hours, 25% less than October.	Michelle Higgins - General manager- Urgent and Emergency Care	Chief Operating Officer - Mark Mould	Finance & Performance Committee Medical Care Group Board Operations & Performance Group	19/12/19	28/12/22	

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				Additional controls around reporting as per NHSE Guidance in place. Weekly ED/SWAST/SCAST calls continue - Dynamic Conveyancing (Prev IC) now in place BAU - SWAST have not fully embedded this as yet and continue to broadcast reminders daily to crews. ECS crews to support mainly at weekends.			Emergency & Urgent Care Directorate Governance Quality Committee			
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.	Update to Directorate meeting Nov 22 5 x WTE Band 2 MLAs (FTCs) for out of hours and GP samples appointed – All onboarded and the night cover across both sites is now running Monday - Friday 1 x WTE Band 2 MLA – interviewed for and post appointed to. Pre-employment checks underway 1 x WTE Band 5 was appointed but since withdrawn from the process and advert has gone out again 3 x WTE Band 6 vacancies - 2 experienced Band 6 BMS appointed – 3rd post to go back out to advert 2 x WTE Transfusion Practitioners - Band 7 secondment started 07 November and Band 6 has now been matched successfully and to be added to Trac Band 7 in Coagulation at RBH on indefinite leave – Poole Band 7 taken off Poole roster to start implemented changes required for cross-site cover to work. Have been given approval to appoint another band 7 at risk for	Massey, Paul - GM Pathology	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Finance & Performance Committee Hospital Transfusion Group Operations and Performance Group Workforce Strategy Committee Specialities Care Group Board Pathology Directorate GG Quality Committee	26/07/21	07/12/22	⇔

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				the RBH site to help bridge the Band 7 gap onsite and out 2 x Locums recruited - Had to release 1 of the previous locums, but another has been appointed and is progressing well. Both should join the OOH early to mid-December OOH roster down to 3.5 WTE. This will be supplemented to 5.5 with 2x locums – Training burden is significant in the department and is currently the sole focus of the Band 7 team						
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	Plans ongoing - C&D complete – recruiting. Two recent learning panel in relation to delayed rescopes	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 Quality Committee	23/05/22	04/01/23	⇔
UHD	1502	15	Caring for mental health patients in a physical health environment could be of detriment to patients, other patients and lead to further harm to due the levels of skill and expertise required.	Risk remains unchanged	Reed, Sue - Group Director of Nursing (Medical Care Group)	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Medical Care Group Board Mental Health Steering Group Acute and Ambulatory Directorate Governance Quality Committee Health & Safety Group Facilities Directorate/ Operational Governance Group	27/09/21	28/11/22	⇔
PH	1276	15	Risk of failure to achieve the NHFD standard that no more than 15% of patients have to wait	No change to risk	Daughters, Abigail - Group Director of Operations	Chief Operating Officer - Mark Mould	Finance & Performance Committee	28/06/21	25/11/22	⇔

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			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.		(Surgical Care Group)		Operations & Performance Group Surgical Care Group Board T&O Directorate Governance Group QR Finance and Workforce Governance Group			
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.	OBC for the EPR replacement project has been approved by all Boards within the ICS. Scoping for the project has commenced and patient and team centred communications has been included in the specification. Due to ongoing and sustained operational pressures the nurseless handover workstream has been paused. As part of the trusts unified communication initiative a tendering process is ongoing for a new digital pager system. The proposed system will be based on mobile devices and include the functionality for patient centric comms, alerts, team messaging to be set up. These can then be downloaded and added to the patients medical record.	Hodson, Matthew - Deputy Chief Nursing Officer	Acting Chief Medical Officer – Ruth Williamson	Transformation and Innovation Committee Informatics programme Group Quality Committee Quality Governance Group Quality Improvement and Digital Transformation Group	27/09/21	04/01/23	⇔
UHD	1386	12	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	Recovery trajectory making progress. Weekly escalation meetings with GMs regarding maintaining cancer waits. Ongoing action plan for performance improvement.	Katie Lake-General Manager-Corporate Cancer Services	Chief Operating Officer - Mark Mould	Finance & Performance committee Operations & Performance Group Specialties Care Group Board	02/12/20	05/12/22	⇔

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			particular in sub specialisation areas that rely on a single handed practitioner				Cancer Care Directorate Governance Group Corporate Cancer Group			
UHD	1292	12	If the capacity is insufficient a backlog of outpatient follow-up appointments, over the due date will delay patient diagnosis and treatment	Directorates and Care Groups working through clinical validation of cosmos data-action due end Jan 23.	Macklin, Sarah – Group Director of Operations (Specialities Care Group)	Chief Operating Officer - Mark Mould	Finance & Performance Committee Operations & Performance Group Clinical Support Directorate Governance Group	28/09/19	28/12/22	⇔
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.	3 linked incidents in November re the same child, one moderate. NHSE guidance attached with new action to align.	Claire Rogers-Group Director of Nursing	Chief Nursing Officer & Deputy CEO - Paula Shobbrook	Medical Care Group Board Child Health Directorate Governance Group Mental health Steering Group Safeguarding Group Nursing and Quality Directorate Specialities Care Group Board	22/02/21	08/12/22	⇔
UHD	1771	12	The Radiology department is unable to match the current demand for the service. This is multifactorial however links directly to the current number of Radiologists. If the number of Radiologists is not increased radiology reports will be delayed, Radiologists who are under pressure and fatigued will miss or misinterpret significant clinical findings as well as	Discussed at Radiology QR Group. Currently 783 unreported scans, Hexarad reporting approx 30 per day. Noted upcoming Radiologist retirement and Radiologists reducing sessions due to pension limitations. TMC soon to be additional outsourcing service.	Ravi Ayer-Consultant Radiologist and Clinical Director	Deputy Chief Medical Officer PH - Matt Thomas	Quality Committee Quality Governance Group Radiation Group Radiology Clinical Governance Group Specialities Care Group Board Workforce Strategy Group	28/07/22	08/12/22	⇔

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			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.							
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.	An escalation report has been created by Informatics due to the lack of progress over the last month with limited or no clinical or operational impact. This project has made no progress in the last 12 months due to lack of engagement so needs to be evaluated. Escalation report created to challenge this project and review.	Hill, Sarah - Assistant Director IT Development	Acting Chief Medical Officer- Ruth Williamson	Transformation and Innovation Committee Quality Improvement & Digital Transformation Group Clinical Support Directorate Governance Group Specialities Care Group Board	23/06/20	19/12/22	
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 10/2/21. Provision of a clinical service for breast site specific disease that may require radiological, cytology or histology intervention to support diagnoses. All services that may require a radiological /histological /cytology intervention and	Information related to L88176 has identified that If the patient has multiple hospital numbers or the source location is transposed with another similar location at a different hospital eg SAU then the reports can fail to deliver to EPR. Charlotte Laurence Freeman investigating with Sarah Hill and working with Orna Lovelady to work towards use of standalone ICE as mitigation.	Williamson, Ruth - Acting Chief Medical Officer	Chief Information & IT Officer - Peter Gill	Informatics Programme Group Information Governance Steering Group Quality Improvement and Digital Transformation Group Transformation and Innovation Committee	29/11/22	02/12/22	

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			therefore subject to an amended report. System does not alert requesting physician of change. Risk involves Surgery, Radiology, Pathology and Informatics.							
Covid										
UHD	1342	16	There is potential for this pandemic 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, sickness or job market conditions reducing the pool of available recruits. Risk of Covid-19 positive patients presenting to main hospital services causing risk from spread of infection Risk of delays to patient care in ED due to staff/beds being required for suspected Covid-19 patient testing and care of multiple or frequent patient presentations. Risk of insufficient isolation beds for suspected/confirmed Covid-19 cases. Risk that staff will need to have periods of self-	Reduction in the number of covid numbers across both sites in November and associated staff sickness. Reported number across UHD on 2/12/22 are 36 covid patients in inpatient beds. IPC and operational teams continue to be vigilant and work through placement of patients to ensure that patients with covid are where possible placed in specialty areas. The increase in Flu and Norovirus in the community poses a more complex challenge to the team in managing outbreaks and enabling flow across specialty pathways.	Jordan, Sophie - Associate Director of Operations	Chief Operating Officer- Mark Mould	Finance and Performance Committee Operations and Performance Group Nursing and Quality Directorate QR Finance and Workforce Governance Group	23/07/20	02/12/22	⇔

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			isolation, leading to staffing shortages. Risk that staff will develop symptoms whilst at work with potential infection of patients and staff.							
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 increase in errors in the transfusion process	Discussed at HTG, server validation by end Dec 22 for PDAs and printers, discussions re blue tooth/wired printers. Aiming for Feb roll out of PDA replacement at RBH , no IT infrastructure support at Poole site. [07/12/2022] Work progressing with validation of the new server and software upgrade, planned rollout in the new year.	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	08/12/22	
PH	1260	12	Responding to reported defects relating to estates: - Infrastructure not working correctly or environment susceptible to increased infection risk. May increase harm to patients or delay in providing patient care.	To note: due to operational pressures (on Poole site particular) internal standards are not being met as set but a remedial action plan will be agreed by the end of January • Good progress has been made on a wide range of issues to improve compliance, focused on safety and statutory compliance.	Davies, Edwin - Associate Director Capital and Estates	Chief Strategy and Transformation Officer - Richard Renaut	Estates Health & Safety Health & Safety Group Finance and Performance Committee	23/08/21	03/01/23	

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			Staff working in sub-standard environment Fulfilling planned maintenance schedules; - Overdue service schedules to equipment through lack of staff may cause shortages of specialist equipment or areas being unsuitable for use due to lack of heat/ventilation etc. Impact on patient care or reduced capacity due to insufficient clinical areas being available Ability to complete minor works projects: - Several demands for minor works improvements to environment, lack of money and skilled staff/contractors to complete works. In addition difficulty in wards/clinics providing vacant space to enable works to take place. Patient care impacted due to poor environment and continually being moved.	This is in the context of being a multi-year, multi-million-pound backlog of works. Water, electricity and compliance reporting have significantly improved. Fire safety has seen solid progress, but considerable work is still required. This report now also covers clinical areas and infection control, plus the lifts, as these are of considerable concern to delivering the services we would expect Recommendations: Progress has been maintained across a broad range of areas, but significant work is still required to gain assurance. The internal audit, ISO9001 and PAM reporting will provide the basis for this over 2022/23. The work of the estates team is to be commended in the way they have approached and progressed these tasks, and their openness and honesty about the scale of the task still ahead. Developing the 5-year capital programme is essential to tackle the sizeable backlog of works. Further details were set out in the FPC paper on capital estates backlogs paper. Crucially 22/23 to 24/25 will have limited capital funding availability due to current capital commitments and CEDL spending limits. Also, there is limited access to much of the Poole site due to operational pressures. With the site reconfigurations in 24/25 this opens up physical space and						

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				should allow expenditure to be prioritised for the required works. The recommendation is for the work for 25/26 period onwards to be prepared so the scale and costs are set out to inform the capital planning, and to dovetail with the New Hospital Programme works.						
UHD	1214	12	One POC coordinator in the Trust that has responsibility for >500 devices. Due to the lack of engagement from the Trust to expand the team there is a high risk that Point of care devices and results are being mismanaged	Risk description and controls revisited and updated. Still moderate gaps in the controls.	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 Specialties Care Group Board Medical Equipment Group Quality Governance Group	26/04/21	21/12/22	
Workforce Risks										
UHD	1483	16	There is a reduced Clinical Pharmacy service to the wards due to significant levels of pharmacy vacancies, sick and maternity leave. Medication incidents are being reported due to a reduction in pharmacy oversight on wards.	Risk remains high, until recruited into gaps, currently difficult as still going through service wide staff re-structure.	Stephen Bleakly - Associate Director of Pharmacy	Chief Operating Officer - Mark Mould	Specialities Care Group Board Clinical Support Directorate Governance Group Workforce Strategy Committee	22/02/21	15/12/22	
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	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	

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				contractual activity with a 3 month notice period to ensure appropriate communication and implementation strategy is effective.						
PH	1281	12	If the Radiation Protection Advisor role remains a single point of failure, if not recruited to, UHD will not be legally able to provide a full service or agree commissioning new infrastructure and procedures. There is a risk of patient harm related to optimal treatment choice and staff harm in relation to radiation safety	From Radiology QR Group-Non-ionising b7 post in process of being filled, but needs a visa Non-ionising b5 post just gone out, Head of NI about to go out (as 8b) No non-ionising cover from Friday 2nd December (plans for UHS to cover some of work) 8a MPE/RPA post in ionising – one candidate withdrew, other was interviewed but deemed not experienced enough to appoint	Macklin, Sarah - Interim Director of Operations (Specialities Care Group)	Chief Operating Officer - Mark Mould	Workforce Strategy Committee Specialities Care Group Board Clinical Support Directorate Governance Group Radiation Group	22/02/21	08/12/22	⇩ Reduced from 16 to 12
RBH	1498	12	The trust is unable to service a fully staffed registrar out of hours rota for the Medical Care Group this is a risk to patient safety	No change in risk rating. A business case has been developed and taken to TMG and FPG for approval and support to increase medical staffing numbers.	Whitney, Sue - Deputy Group Director of Operations (Medical)	Acting Chief Medical Officer – Ruth Williamson	Workforce Strategy Committee Medical Care Group Board Medical Specialties CG group Medical Staffing TEG Older People's Medicine Neuro Sciences Directorate GG	26/04/21	29/12/22	⇔
UHD	1221	12	Risk to patient care and ability to cover clinical duties due to level of vacancies and reliance on locum cover for Medical staffing in Older Persons Services.	Risk remains same. SBAR presented at care group board in month to outline requirements for safe staffing levels. Requires significant investment. Continued escalation beds with current position in OPS of 47% of patients with no criteria to	Tristan Richardson-Group Medical Director (Medical)	Acting Chief Medical Officer – Ruth Williamson	Workforce Strategy Committee Medical Care Group Board OPM and Neuro Directorate Governance Medical Staffing TEG	31/08/18	29/11//22	⇔

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				reside today and 31% of patients in Medical specialties beds with no criteria to reside impacting on capacity leading to requirement to open escalation beds across care group providing challenges to staffing. Outlying high numbers of patients with challenge of staffing outliers safely and effectively. SI scoping panels and investigations are demonstrating staffing challenges impacting on quality and safety and also lack of consistent cover impacting on quality. SI's being linked to risk as appropriate. Mitigations include daily morning handovers to review workload, distribute staff accordingly and escalation of gaps for awareness and support as able.						
PH	1283	12	There is a risk that we cannot adequately staff radiotherapy radiographer roles due to vacancies and maternity leave. This may result in potential delays to patient treatment and poorer outcomes.	There is insufficient staff to increase capacity to meet the current demand for Radiotherapy. There are currently 11 vacancies from B3 to B7. 2 x LTS and 1 x maternity leave Medium term plans in place to achieve full establishment.	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 Corporate Cancer Group Operations and Performance Group	20/06/19	19/12/22	
PH	1303	12	If we continue with the number of Therapy staff and do not increase the number of Physiotherapists & Occupational Therapists this will affect patient care & outcomes, optimisation of therapy	Risk remains as detailed update last month. For further review at Therapies QR Group Jan 23.	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	28/12/22	

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			treatments and the flow of patients through the Trust.							
UHD	1492	12	The nature of the employment market as the UK emerges from the COVID pandemic is impacting our ability to recruit. Candidates have numerous opportunities within other sectors where flexibility on pay and reward is far greater, and increased cost of living directs candidates to look for work where employment checks, weekly and higher rates of pay are more attractive than the NHS offer. There is increased demand for recruitment for services beyond usual shortage occupations, as vacancy levels affect ability to catch up on missed activity, and an increasingly competitive internal market presenting opportunities for staff to move departments. Action needed to mitigate this and the associated costs incurred for temporary staffing where those gaps are.	Following 2 Open Day events, one in September, the other in December, at which Resourcing and Senior Nurse representatives interviewed candidates on the day, we have a total of 62 active applicants in the pipeline, with a further day of interviewing planned this week. An EOI for funding to support HCSW Attraction and Retention has been submitted, and NHSI have offered support for an Indeed sponsored event to help with our objective to increase HCSW staff in post by 95 WTE by end March 2023. Allowing for an average of 5 leavers per week, this means our aim is to onboard approx. 160 WTE by that date. A range of data, including metrics for absence, staff in post, vacancies, starters and leavers, is expected to be made available by the BI team in January 2023. .	Mardon, Irene - Deputy Chief People Officer	Chief People Officer - Karen Allman	People Directorate meeting Workforce Strategy Committee	26/04/21	13/12/22	⇔
UHD	1493	12	Risk of medium and long-term impact of Covid 19 on the health and wellbeing of the workforce due to burnout	Business cases with regard to the PSC and MSK posts within Occupational Health & Wellbeing to substantiate charity funded posts are being developed.	Jones, Carla L - Deputy Director of Workforce &	Chief People Officer - Karen Allman	Workforce Strategy Committee People Directorate Meeting	26/04/21	08/12/22	⇔

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			and PTSD which may potentially lead to high levels of sickness absence and the requirement for significant sustained support.	Ongoing improvements to waiting times for OH appointments to provide staff with support in a timely manner.	Organisational Development		Medical Staffing TEG			
Transformation Risks										
UHD	1604	20	Risk of delay in securing UHD and wider Dorset New Hospital Programme (NHP) funds in enough time to enable the wider reconfiguration by 2024/26. Risk is delayed benefits by later than planned reconfiguration. Securing NHP enabling funds required in year to allow progression of key capital works	Risk remains unchanged, with OBC due for review on 25/11/2022, with an outcome likely in early Dec. Review end Jan 2023.	Killen, Stephen - One Acute Network - Programme Director	Chief Strategy and Transformation Officer - Richard Renaut	Quality Committee Transformation and Innovation Committee Quality Improvement and Digital Transformation Group	28/06/21	04/01/23	⇔
UHD	1784	16	There is a risk that inter-programme dependencies (eg. Beach, NHP, Decants) will impact negatively on the overall delivery of the Programme.	Risk remains unchanged until JIC outcome. Outcome of OBC review at JIC due end Nov. In addition, WWA have supported the programme in understanding the true critical path and ongoing work in S&T team with decants has started to de-risk.	Killen, Stephen - One Acute Network - Programme Director	Chief Strategy and Transformation Officer - Richard Renaut	Transformation and Innovation Committee Quality Committee	02/08/22	04/01/23	⇔
Finance Risks										
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	20/12/22	⇔
UHD	1739	16	Trust at risk of failing to achieve the required break-even outturn position, resulting in a	The Finance & Performance Committee reviewed the risk and agreed that the risk has not	Chief Finance Officer - Pete Papworth	Chief Finance Officer - Pete Papworth	Finance & Performance Committee	23/05/22	20/12/22	⇓

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			revenue deficit and a reduction in cash available to support the capital programme	changed and should remain the same.						Reduced from 20 to 16
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	20/12/22	
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	19/12/22	
UHD	1594	12	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.	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	20/12/22	

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5. Closed, Reduced or suspended Risks previously rated at 12 - to be reviewed at Quality Committee on the 17th January 23

Site	Ref	Risk Rating	Details	Update	Risk Owner	Date risk accepted as a 12+ risk	Last review date	Date closed or reduced
UHD	1591	6	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.	Key developments are being made to the IAR in order to make it easier for IAOs to identify where there are gaps in their assurance (currently a laborious manual process). Completion of updates expected mid-December; will be rolled out to IAOs ASAP. IAO/IAA training is being developed for inclusion in the BEAT VLE (green heart). New IAR developments put into live at end December. Guidance for IAOs being pulled together with intention to advertise changes during w/c 9th Jan. Recruitment of Digital Directorate Leads (aka "Super IAOs") is underway, led by PG.	Gill, Peter - Chief Information & IT Officer	28/06/2021	05/01/23	⬇ Decreased from 12 to 6
RBH	1447	Closed	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	Risk is being closed as agreed with Maddy Seeley and Janey Harbord - new risk 1816	Barry Alborough-Duell-Directorate Manager	Chief Operating Officer - Mark Mould	06/12.22	Closed 06/12/22

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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)	4	None	
Integration	1	None	
Reconfiguration	2	None	
New Hospital Programme (NHP)	9 risks 2 issues	None	
Acute Reconfiguration Capital group (ARC)	4	None	
Clinical Design	6	2	1 new risk relating to potential disruption to SSD services during refurbishments at Alderney. 1 new risk relating to Theatres equipment that has been ordered is not aligned with component schedules. 2 ED risks removed as scores reduced to below 12: Relating to future ED capacity and risks arising from UTC not being fully utilised.
Space Utilisation Group (SUG)	1 issue	None	
TOTAL	**29**	**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.

There are 2 new risks:

- 1 risk relating to potential disruption to SSD services during refurbishments at Alderney.
- 1 risk relating to equipment that has been ordered for new Theatres is not aligned with component schedules.

Clinical Design risks have been removed relating to future ED capacity not being sufficient and risks arising from UTC at Poole not being fully utilised – further work being completed on this.

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1. Risk Heat Map- UHD

Current Risk Grading		Likelihood				
		No harm (1)	Minor (2)	Moderate (3)	Severe (4)	Catastrophic (5)
Severity	Almost Certain (5)	2	12	6	8	0
	Likely (4)	1	16	13	9	0
	Possible (3)	1	34	43	5	0
	Unlikely (2)	1	10	19	3	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	Dec 21	Jan 22	Feb 22	Mar 22	April 22	May 22	June 22	July 22	August 22	Sept 22	Nov 22	Dec 22
Very Low (1-3)	7	5	1	3	3	2	2	1	1	2	**2**	**2**
Low(4-6)	106	101	91	97	96	88	81	73	71	67	**67**	**68**
Moderate(8-10)	94	90	91	88	87	86	97	89	92	91	**85**	**78**
Moderate(12)	25	26	23	22	17	17	16	17	17	17	**17**	**17**
High (15 -25)	23	24	22	21	18	21	21	21	22	22	**22**	**23**
Total number of risks under review	**255**	**246**	**228**	**231**	**221**	**214**	**217**	**201**	**203**	**199**	**193**	**188**

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2. Compliance and Risk Appetite

Summary of compliance UHD overall:

Current Risk Grading	*No: of risks under review*	*Number of Risks compliant with Risk Appetite timescales*	*% of Risks Compliant with Risk Appetite timescales*	*Month on month position*
12 and above	40	37	93%	⇧14%
8 to11	78	60	77%	⇧1%
4 to 7	68	60	88%	⇧1%
1 to 3	2	2	100%	⇔
Total	188	159	85%	**⇧4%**

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Risk Appetite:

Ref	Title	Rating (current)	Risk level (current)	Rating (Target)	Target Level
1053	Lack of capacity for elective & non elective activity and associated risk to patient harm due to LLOS and NRTR patients	20	High 15 - 25	6	Low 4 - 6
1604	Delay in securing UHD and wider Dorset New Hospital Programme (NHP) funds	20	High 15 - 25	8	Moderate 8 - 12
1460	Ability to meet new UEC National Standards and related impact on patient safety, statutory compliance and reputation.	20	High 15 - 25	6	Low 4 - 6
1387	Demand will exceed capacity for acute inpatient beds - risk to patient safety, statutory/performance compliance & reputation	20	High 15 - 25	6	Low 4 - 6
1074	Risks associated with breaches of 18-week Referral to Treatment and long waiter 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 are affecting patient care	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
1784	Critical Path Management	16	High 15 - 25	8	Moderate 8 - 12
1393	Endoscopy capacity & Demand	16	High 15 - 25	4	Low 4 - 6
1378	Lack of Electronic results acknowledgement system	15	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
1692	Safe Staffing - Medical	15	High 15 - 25	4	Low 4 - 6

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Ref	Title	Rating (current)	Risk level (current)	Rating (Target)	Target Level
1281	Radiation Physics Support Staffing Levels	12	High 15 - 25	4	Low 4 - 6
1214	Risk of misdiagnosis/ in correct treatment from use of ungoverned 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
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
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
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

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

3. **Recommendations**

The Board is asked to:

- Receive and approve reports from the Executive Lead for any new risks graded 12+.
- Review the adequacy of the risk rating, controls and mitigations and identify any additional actions required
- Review the adequacy of any current risks graded 12+

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

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

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

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Appendix B: Matrix for Risk Register Assessment

Table 1 Consequence scores

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

Consequence score (severity levels) and examples of descriptors				
1	**2**	**3**	**4**	**5**
Negligible	**Minor**	**Moderate**	**Major**	**Catastrophic**
• Minimal injury requiring no/minimal intervention or treatment. • Peripheral element of treatment or service suboptimal • Informal complaint/inquiry	• Overall treatment or service suboptimal • Single failure to meet internal standards • Minor implications for patient safety if unresolved • Reduced performance rating if unresolved • Breech 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	• 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	• 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 breeches 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	• 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 breeches 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