

University Hospitals Dorset Annual Objectives 2022-23  
Summary - Quarter 4

Objectives 2022/23

- 1 To continually improve the quality of care so that services are safe, compassionate timely, and responsive, achieving consistently good outcomes and an excellent patient experience
- 2 To be a great place to work, by creating a positive and open culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best
- 3 To ensure that all resources are used efficiently to establish financially and environmentally sustainable services and deliver key operational standards and targets
- 4 To be a well governed and well managed organisation that works effectively in partnership with others, is strongly connected to the local population and is valued by local people
- 5 To transform and improve our services in line with the Dorset ICS Long Term Plan, by separating emergency and planned care, and integrating our services with those in the community

Ref	Specific Objective	BAF Risk Executive Lead	Risk Ref.	Risk Title	Risk Lead	Qtr 1 Rating	Qtr 2 Rating	Qtr 3 Rating	Qtr 4 Rating	Consequence	Likelihood	Rating	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	↓ 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. <b>RISK CLOSED</b>	Transformation Committee	0
1.1.1	Deliver quality priority - <b>managing the deteriorating patient</b>	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	↓ Closed							[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 ZZZZ 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 - <b>standardised safety checklists</b>	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 occurring 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	9	↓ Closed				↓ Closed	31/3/23 <b>Closed by acting CMO.</b> There were no never events between August 2022 and march 2023. The never event in march 2023 (retained swab) was identified before the patient left theatres as part of the final swab count. Immediate remediation was possible. The final post procedure check mitigated the human error in the pre closure swab count.	Quality Committee Quality Governance Group	
1.1.3	Deliver quality priority for 2022/23 - <b>acute kidney injury/dialysis management</b>	Chief Medical Officer														
1.1.4	Deliver quality priority for 2022/23 - <b>blood glucose management</b>	Chief Medical Officer														
1.1.5	Deliver quality priority for 2022/23 - <b>the deteriorating patient in ED</b>	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	↓ Closed							[06/06/2022] This risk has been closed as reaching target grading (in line with policy). Policy and QI group established. <b>RISK CLOSED</b>	Quality Committee Quality Governance Group	0
1.1.6	Deliver quality priority for 2022/23 - <b>medical/pharmacy communication</b>	Chief Medical Officer														
1.1.7	Improve against <b>Stroke pathway quality standards</b>	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	9	9	3	3	Moderate	↔		Stroke Governance Group	2
1.1.8	Improve against <b>Trauma pathway quality standards</b>	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	9	3	3	1	V Low	↓	[31/2/23] Risk to very low now because of the good work that has been undertaken within our directorate at pulling patients off of outlier wards in a timely matter. The awareness by the teams knowing that we have patients in other directorates has also played a positive role.	Trauma and Orthopaedics Governance Group	3
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	6	6	2	3	Low	↔	31/3/23 outlier numbers reduced but risk remains unchanged	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	↓ Closed					↓ Closed	[28/10/2022] risk has achieved target grading and has been closed	Trauma and Orthopaedics Governance Group	0
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	15	15	3	5	High	↔	[31/3/23] updated action plan, improved performance (>50%) No change to risk.	Trauma and Orthopaedics Governance Group	2

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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	6	6	2	3	Low	↔	[31/3/23 ] no change to risk rating	Trauma and Orthopaedics Governance Group	2
1.2	<b>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</b>	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	20	8	0	0	0	Closed	[31/3/23] Risk superseded by 1872 which incorporates both 1387 and 1131. Risk closed.	Finance and Performance Committee	
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	20	8	0	0	0	Closed	[31/3/23] Risk superseded by 1872 which incorporates both 1387 and 1131. Risk closed.	Finance and Performance Committee	
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	20	20	4	5	High	↔	Some improvement in P1-3 discharges, successful ICB Community Hospital MADE event and commencement of D2A model/bed capacity saw some improvement in our NC2R delays. However, this remains variable and the outputs of change actions are yet to be evidenced sustainably, therefore, the risk score currently remains at 20. This will be closely reviewed as April/May sees a significant focus on the following: new Chief Medical Officer priority, UHD MADE event focusing on LLOS, Estimated Date of Readiness rollout supported by medical and clinical team engagement, continued development of D2A model, continued work to improve Health of the Ward data capture/reporting to support focus on opportunities for improvement. Note, shadow monitoring is in place following changes to HotW to identify any impact. [31/3/23] Discussed at Quality Committee and risk score of 20 approved. Noted that also supports the CQC 'Must' actions (Medical Care Group).	Finance and Performance Committee	6
1.2.1	<b>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</b>	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	20	20	4	5	High	↔	31/3/23 Focused work continues, however 4 hour performance remains c50% for Type 1 attendances. COO meeting with Care Groups 4/4/23 to agree ongoing governance for performance and breach/exception analysis and actions/delivery.	Operations and Performance Group	6
1.3	<b>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</b>	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.	Jose, Darren - Deputy Group Director of Operations (Specialties)	9	9	9	6	2	3	Low	↓	31/3/23 Re-structure complete however, unable to progress new working hubs due to electronic referral management processes at present IT live project in progress to support the necessary IT integration between eRS to ePR system current status - e-grading form for testing beg April.	Finance and Performance Committee	4
2.1	To continue to engage with staff at all levels to ensure we maintain focus and realise the <b>Health, Wellbeing and Covid-recovery needs</b> 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 low	Carla Jones Deputy Director of Workforce & Organisational Development  Deborah Matthews Director of Improvement and OD	12	12	12	12	4	3	Moderate	↔	31/3/23 Risk rating to be reviewed at the next meeting of WODG (19/5/23) with a view to downgrading in light of the actions which have been completed and the substantive recruitment to the PSC and HSK posts within OH.	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	0

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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	12	12	4	3	Moderate	↔	31/3/23 Momentum being maintained in recruitment of Internationally Educated Nurses to meet our objective of 80 new starters in the next 8 months. International recruitment has also commenced or in planning stage for Midwifery, Radiotherapy and Theatres. Significant focus on addressing our HCSW WTE vacancy rate, which was reported as 227.5 WTE. With funding support from NHSI we continue to run Saturday Open Day events and review process for an improved applicant experience following each one. Activity and development of contracting, terms and conditions for new roles, trainees, various level apprentices and short or long term BU Partnership roles and placements continues.	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	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	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	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	16	16	4	4	High	↔	31/3/23 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	12	12	4	3	Moderate	↔	31/3/23 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	16	16	4	4	High	↔	31/3/23 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	16	16	0	0	0	0	Closed	31/3/23 Closed at Year end	Finance & Performance Committee	0
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	16	0	0	0	0	Closed	31/3/23 Closed at Year end	Finance & Performance Committee	0
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	9	9	3	3	Moderate	↔	31/3/23 Risk score, actions and controls to be reviewed when new guidance is released (due imminently).	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	16	6	0	0	0	Closed	Risk closed in its current form as we are not in a Covid pandemic and are able to provide appropriate levels of services to our patients whilst we live with Covid.	Quality Committee Infection, prevention & control group	0
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, NHS/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	20	20	4	5	High	↔	31/03/2023 Zero 104ww maintained in February. Reduction in 78ww expected to deliver below trajectory of 123 by end of April. Total waiting list increasing - drivers include impacts of industrial action in Q4. RTT performance reducing due to growing waiting list, increasing the denominator, and reduction in overall activity in Q4 due to industrial action.	Finance and Performance Committee	6

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3.2.1	Deliver a Covid restoration programme for elective patients	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.	John West - General Manager, Trauma Orthopaedics, Surgery PH Site	10	6	Closed					0 Closed from RR 6		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.	Luke, Katie - General Manager - Corporate Cancer Services	12	12	12	12	3	4	Moderate	↔	31/3/23 Further improvement in CWT performance. A/w system confirmation of priority actions on 5/4/23. Action plan detailing assurance will be added to this risk once confirmed.	Finance and Performance Committee	4
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)	6	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	16	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 PSDA documents. There is also a risk to organisational performance standards and reputation	Lister, Alex - Group Director of Operations (Medical Care Group)	16	20	20	20	4	5	High	↔	31/3/23 Marginal reduction in Ambulance Handover delays in March, key system workstreams to be focused on were Data Quality, Corridor Care and next steps as well as ED delivery plans	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 potential risk to patients waiting in excess of National Standards	Lister, Alex - Group Director of Operations (Medical Care Group)	20	20	20	20	4	5	High	↔	31/3/23 Focused work continues, however 4 hour performance remains c50% for Type 1 attendances. COO meeting with Care Groups 4/4/23 to agree ongoing governance for performance and breach/exception analysis and actions/delivery.	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 its carbon footprint	Edwin Davies - Associate Director Capital and Estates	4	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	4	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
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	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

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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	12	12	3	4	Moderate	↔	[30/03/2023] Extensive work ongoing to comply with regulatory bodies. CQC maternity call bells action plan has been completed. 2 x fire authority surveys completed with only minor suggestions. Fire escape plans in place. 30+ sets of fire doors replaced. 25% (1500 braches) fire compartmentation work complete. £5.45m of capital funding allocated in 23/24 will su	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	20	20	4	5	High	↔	31/3/23 Issue remains the same. Review in April	Quality Improvement and Digital Information Group Transformation and Innovation Committee	8
5.2	Work 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	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	10	10	5	2	Moderate	↔	From Sep 2022 to Jan 2023 there were been monthly outages of the EPR - this had led to the creation of a specific risk register entry (1805) on this topic	Information Governance Group	8
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	15	15	3	5	High	↔	[31/03/2023] This was discussed at the recent clinical governance group in the light of publications from the academy of royal colleges and RCR regarding referees responsibilities. The current systems for tracking results demonstrate unwarranted variation and the timeframe of implementation of a new EPR means that unless further controls are in place this will remain a significant risk. A T&F group is proposed to consider a central results management team resource to ensure that results are appropriately directed and acted upon	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	6	↓ Closed					↓ 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 lead 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														
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	12	↓ Closed					↓ 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	10	10	2	5	Moderate	↔	[31/3/23] 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

Ref	Specific Objective	BAF Risk Executive Lead	Risk Ref.	Risk Title	Risk Lead	Qtr 1 Rating	Qtr 2 Rating	Qtr 3 Rating	Qtr 4 Rating	Consequence	Likelihood	Rating	Movement	Last Update	Monitoring Group	Target risk rating
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	6	6	2	3	Low	↔	31/3/23 The physical move of the 2nd CaMIS box is being scheduled and the work required clarified to go ahead with this move.	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	6	6	3	2	Low	↔		Information Governance Group Quality Improvement and Digital Information Group Transformation and Innovation Committee	4
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	1784	Critical Path Management. There is a risk that inter-programme dependencies (eg. Beach, NHP, Decants) will impact negatively on the overall delivery of the Programme. Given the size, scope and complex funding streams of the overall programme, there are numerous projects, moves and decants that combine to form the Critical Path and the cumulative impact on this is high. Failure to manage progress and dependencies, identify & manage associated risks & issues and set realistic start / finish dates may delay completion and impact on other tasks.  As a consequence, a delay to tasks and Projects along the Critical Path will delay the overall Programme end date	Killen, Stephen - One Acute Network - Programme Director			16	20	4	5	High	↔	No further update. Review end of April.	Transformation Committee	8