

No	Ref	RISK SUMMARY	Aim affected					Lead	Current position					Target	
			1	2	3	4	5		Jan	Apr	Sep	Jan			
1	BAF1	System-wide pressure on the urgent care pathway with risk to quality and experience	✓	✓	✓		✓	COO	12	9	20	20	↔	12	31.12.21
		<p>The Trust continues to work closely with system partners and in line with national guidance and best practice responding to the COVID-19 pandemic. COVID-19 prevalence remains high (1547 per 100,00 @ 12/01/22) across Portsmouth and the surrounding areas leading to an increase in hospital admissions and occupied beds. The Omicron variant and potential further impact on the Trust is being monitored on a daily basis with appropriate response plans in place for both in-patient and critical care demand. As at 14/01/2022 there were 97 COVID-19 inpatients occupying a hospital bed, 9 requiring critical care. Regular system command and control meetings have been enhanced focused on reducing Trust bed occupancy, enabling the maximum number of people to be discharged safely and quickly and providing alternatives to hospital admission where appropriate. A system wide MADE event has commenced from week commencing 10th January 2022 to support effective flow. Ambulance conveyance showed large fluctuation within month which reflects our 15 and 60 minute performance with a significant increase in ambulance attendances towards the end of December. MOFD numbers continue to remain an area of concern and remain considerably higher than the optimum position of between 50-60. Stranded patients (21 day+) saw a marginal increase in December but the Trust remains within the upper quartile nationally in terms of positive performance against both 14 day and 21 day patients.</p>													
2	BAF8	Demand for mental health services in the Trust exceeds mental health resource available (capacity and quality)	✓	✓	✓		✓	MD	16	20	20	20	↔	12	31.12.22
		<p>Cessation of the alternative mental health pathway has caused a very significant rise in the number of people in the need of urgent mental health services, presenting and being brought to the Trust's ED. The Trust's MD is Chairing the PHU Mental Health Steering Group (MHSG) which links directly with the re-established Operational Mental Health Group. Paediatric mental health admissions have increased by 9% Urgent care demand continues to be high for adults. Nursing posts have been agreed to expand the Mental Health in-house team. These roles will be the link between the Trust, liaison team and support the matron clinically. The mental health strategy is under development. An interim training strategy is being introduced to provide breakaway training and MHA training to staff in urgent care and paediatrics. The aim is for 50% of these staff to be trained by April 2022 There is a proposal for a Consultant Paediatrician with an interest in eating disorders and this is being progressed with partners and NHS England</p>													
3	BAF3	There is inconsistency in the application of basic, compassionate care in some parts of the Trust		✓		✓		CN	9	12	12	16	↑	4	30.09.21
		<p>Monitoring of quality and safety metrics continues as an integral part of the Delivering Excellence approach. There is oversight of quality and safety at our board committee. The DEED programme is designed to progress analysis of our information and focus on improvement and development of our standard work processes which will support the consistency of standards of care. This will also be supported by the roll out of accreditation process and methodology. These all will impact over time on inconsistencies, however the current operating context of responding to the pandemic, its effects on staffing, the high activity and occupancy within the Trust results in an increase in this risk.</p>													
4	BAF23	Governance systems across the Trust are inconsistent in the delivery and monitoring of improvements and high standards of care, treatment and performance	✓	✓	✓	✓	✓	DGR	16	16	16	16	↔	4	31.03.22
		<p>An external review has reported and work is on-going to finalise the action plan which will support improved governance processes from ward to board. Both the Delivering Excellence and Maternity Improvement Programme will support the delivery and implementation of key aspects of governance and</p>													

		provide consistency in approach (with variation as required in some specialities). The KPMG Governance Review recommendations are being delivered through a programme management approach with workstreams owning the tasks, the majority of which should be delivered by the end of March 2022. The Datix DCIQ Cloud will provide a more robust system to enable clinical teams to interrogate data and learn from claims, complaints and incidents. In addition, the Divisions will be better supported with their governance arrangements. Delivering Excellence Every Day will drive improvement and the Maternity Improvement Plan will ensure governance in maternity is robust, however, these programmes are longer term and improvement will be seen over the next two years.															
5	BAF28	Pressures on system partners may compromise their ability to prioritise work streams and actions which support delivery of Trust objectives	✓	✓	✓	✓	✓	CEO	12	16	16	16	↔	6	31.03.23		
		Regional and national focus on delivery of recovery plans means that individual organisations will remain committed to delivery of their own objectives for some time. In that context, it is premature to reduce the rating for this risk, although it is likely that more comprehensive, system-based plans and projects will resume later in the year as analysis of new patterns of demand and pandemic related backlogs is completed.															
6	BAF36	2022-23 Operational delivery within an overall balanced financial position	✓	✓	✓	✓	✓	CFO				16	NEW	4	31.03.23		
		<p>The Trust continues to plan for the next financial year, 2022/23, recognising that the full-year cost of the Trust's increased current year capacity will require a significant additional funding settlement (beyond anticipated allocation inflation) and/ or a material step-up in cash-releasing efficiencies across the whole Trust. Current risks therefore relate to:</p> <ul style="list-style-type: none"> • Commissioner income allocations (including the Trust's share of the HloW revenue resource, ongoing Covid and elective recovery response funding, plus the full-year impact of additional capacity funded during 2021/22); • The Trust's growing cost base (particularly workforce); • Additional 2022/23 investment requirements, where prioritised; and • The Trust's ability to deliver significant cash-releasing savings in light of operational delivery requirements 															
7	BAF2	The Trust's IT systems and infrastructure are not at the required level to support the Trust's objectives. The current levels of investment in digital infrastructure will not deliver the Trust's digital maturity and cyber security ambitions.	✓	✓	✓	✓	✓	DSP	12	12	12	12	↔	4	31.12.23		
		A number of developments have made progress, but the impact of COVID and the associated diversion of IT resources into meeting pandemic related demand has meant that not all have been delivered to the required standard yet. The outstanding action is development and implementation of the Information Strategy which has been through the Business Case Review Committee (Dec 2021) and will be approved by the end of January 2022; however, implementation will take between 12-24 months depending on the resources available. Positive assurance around the recently launched digital medication application (e prescribing); success confirmed in regional bids for unified tech funding and aspirant funding also secured to progress a business case which is in development with the IOW Trust. However, the target score will not be fully met until implementation is complete and therefore the target date has been changed to address that point.															
8	BAF7	Demand for capital spending in the Trust exceeds capital sums available		✓	✓		✓	CFO	12	9	12	12	↔	8	31.03.22		
		The Trust has made effective use of additional sums provided nationally and regionally during 2020/21 and has made a number of significant investments (eg, new ward space on the North Car-park, replacement and additional imaging equipment). However, there remains a gap between demand for capital															

		and its availability, which can only be managed by rigorous prioritisation of spending plans. The Covid financial framework has been on a one year cycle but is now starting to revert back as part of the ICS. By the end of 2021-22 the next 12 months plan will be in place and a better idea of the medium term plan timescale will be known.
9	BAF14	<p>The Trust faces challenges in recruiting and retaining staff in a number of key areas ✓ ✓ ✓ ✓ ✓ CPO 9 9 9 12 ↑ 6 31.03.22</p> <p>As at end December the plan is on track to deliver for AHP's and Nurses. The Trust has worked hard with its staff in relation to the mandatory vaccination programme and any impact likely to be minimal. The current mitigations are effective and the actions in place are on track to deliver. However, the establishment has been significantly increased to deliver the restore aspect of the H2 plan and future plans and therefore the likelihood of the risk occurring has increased, resulting in an increase in the risk scoring. The next quarter will provide assurance around the efficacy of the mitigations and may result in the risk being downgraded next time.</p>
10	BAF29	<p>Risk to Trust's ability to deliver all strategic objectives due to diversion of resources of all types required to manage the COVID-19 pandemic and recovery. ✓ ✓ ✓ ✓ ✓ COO 20 12 12 12 ↔ 6 31.03.22</p> <p>Planning for 2021/22 has been completed with the submission of the second half year plan (H2) but achievement of this and the strategic objectives is subject to managing the 3rd wave of the pandemic and the additional risks around winter. However, the Trust is on plan with its restore and recovery programme and it is hoped the final quarter review will see a reduction in the current position of this risk.</p>
11	BAF30	<p>Leadership capacity to deliver challenging objectives in the context of the pandemic and associated recovery programme ✓ ✓ ✓ ✓ ✓ CEO 12 12 12 12 ↔ 4 30.03.22</p> <p>The Leadership are focussed on right sizing the organisation between now and March 2022 to deliver the restore and recovery programme. In addition, the 2021/22 second half (H2) plan is being implemented with the focus on working with the divisions to identify efficiencies. Alongside this work continues with the Delivering Excellence programme which will align the strategic objectives to the capacity of the leadership team and provide discussion points around any disconnect, the new Trust Leadership Team weekly agenda rotation provides opportunities to assess capacity against the priorities.</p>
12	BAF32	<p>Enhanced maternity governance process changes are not yet sufficiently embedded to give consistent assurance that the Trust implements learning from all relevant incidents ✓ ✓ CN 12 12 12 ↔ 4 31.03.22</p> <p>As a result of internal reviews of quality and governance arrangements in maternity, and subsequently of assessment against the Ockenden report's recommendations, the Trust has revised the majority of its maternity governance policies and processes. Maternity governance has been embedded as is seen through the reporting through the division, Maternity Improvement Committee, quality & Performance Committee and Trust Board. Learning from incidents is widely shared in the division. The actions have been delivered and the maternity improvement plan is monitored and reported on. The remaining action will provide the Trust Board with assurance that the actions relating to governance have been delivered, evidenced and embedded.</p>

13	BAF33	Risk of harm to relationship with partners, staff, service users, commissioners and regulators as a result of failure to recover services at the date expected / required by those groups	✓	✓	✓	✓	✓	COO			12	12	12	↔	6	31.03.22
		Planning for the recovery of services post-pandemic is complete and all actions are either complete or on-going the focus currently is on designing a framework for health inequalities assessment of prioritisation of care; data for ethnicity and deprivation for all waiting lists / specialities has been captured and this will be shared shortly internally and with local partners. However, planning into 2022-23 will be critical and an action has been added around this in addition to a comms plan to support and make visible to the public timescales and key actions.														
14	BAF35	Clinical skills and competencies: assurance required that there is provision of time and capacity to allow staff to maintain their clinical skills and competencies		✓		✓		CPO					12	NEW	8	31.10.22
		BAF 6 was closed last quarter by the Board in relation to mandatory training. This risk is a wider risk in relation not only to training by competences. This risk is also linked to the current and past pressure of the pandemic where clinical staff have faced unprecedented times where time and capacity has been at a minimum. The actions seek to provide different methods / access opportunities to enable clinicians to maintain their skills in balance with their clinical duties these include the introduction of patient safety education days, building of skills programmes and pathways and cascade trainers. In addition a Head of Professional Education will be joining the Trust in March 2022 and an Education Governance meeting has been established to oversee education priorities and escalation of risks.														
15	BAF5	Organisational culture does not support efficient, effective operation	✓	✓	✓	✓	✓	CPO	9	9	9	9	↔	4	31.12.22	
		The original concerns and risks identified under this heading have improved significantly as a result of focussed work on understanding staff culture and addressing some of the most significant concerns, in major part through the Change Agent programme. This work has now concluded and was presented to the Board at its Development session in October 2021. The concerns around diversity and inclusion have been addressed and a new Head of Diversity and Inclusion is in post and following the implementation of the 2020/21 strategy is refreshing this based on the latest feedback. In addition the Professional Standards Committee which will focus on both clinical and non-clinical standards and equity across the piece has been established and is meeting regularly. An action in relation to delivery of the Proud to be PHU has been added and will reduce this risk further but as culture is an on-going focus the risk remains on the BAF														
16	BAF9	Demand for radiology/imaging services exceeds radiological capacity		✓	✓		✓	COO	9	9	9	9	↔	6	31.03.22	
		Current risks are around sickness absence, Covid-related absence due to household contacts – Alliance Medical have now commenced providing staff to open up mobile MRI; High vacancy rates in US – contract negotiations commenced for USS insourcing service; Increased acute demand for CT, MRI and US continues to impact on routine capacity – limited access to AEC scanner and ad hoc head and neck locum working approx. 1 weekend a month. However, the Trust continues to operate above the trajectory at 70.6% against 67.5% and positive assurances are in place.														
17	BAF16	The physical environment of the Emergency Floor is poor	✓	✓	✓	✓	✓	COO	9	9	9	9	↔	2	31.03.23	
		The physical environment of the department has not improved since the risk was last rated. BAF 1 has been significantly updated and the current risk score has been increased to recognise the current system-wide pressures. Staffing in the department has improved (see BAF 14 above) meaning that risks associated with a need to spread staff thinly amongst the numerous different areas, and/or deployment of temporary staff unfamiliar with the peculiarities of the layout are reduced. The long-term resolution of the layout and environmental challenges will be by the delivery of the Building Better Emergency Care and Medical Village projects. A NED has been appointed to the Programme Board for added assurance. The next step is the move to a full business case which should be approved by the end of March 2022														

18	BAF21	The Trust's performance against key cancer standards is inconsistent	✓	✓				COO	12	12	9	9	↔	6	31.12.21
		<p>As in July the Trust met 8 out of 9 of the cancer standards for November. PHU remain the lead performer across the Wessex Alliance. The back log of 63 days and more waiters, although a regrettable position, PHU continue to be one of the best providers across the Wessex Alliance. To support the delivery of all standards the bi weekly cancer performance meeting continues with the addition of daily touch points for updates as required; theatre capacity model continues to be developed – referral to treatment modelling to included all cancer pathways; 62 day recovery (top 3 focus areas being address – Oncology waits / Colorectal & Urology theatre capacity and booking / Breast capacity diagnostic and treatment); Gynaecology 2ww pathway reviews; Additional WCA funding – requests for both capital and revenue have been submitted to support a number of tumour site – awaiting outcome; and Cancer Care Service strategy planning has commenced to provide a 5 year PHU service delivery and improvement plan for cancer care.</p>													
19	BAF11	There is a general lack of the awareness and specialist knowledge needed to deliver adequate safeguarding for patients and others to whom the Trust has a duty	✓	✓		✓		CN	8	8	8	8	↔	8	31.03.22
		<p>Completion of all required safeguarding training was delayed by the challenges of managing the pandemic. However, there is no evidence that safeguarding activities have reduced as a result of lack of training, and indeed referrals made by the Trust increased during the lockdown period and continue which is positive. Training is now being offered face to face as well as online and in order to progress this further. It was agreed to leave this risk on the BAF until January 2022 for review and it is felt that more work is required to improve including compliance with training.</p>													
20	BAF34	2021-22 Operational delivery within an overall balanced financial position	✓	✓	✓	✓	✓	CFO			12	8	↓	4	31.03.22
		<p>The Trust continues to operate within a balanced financial position and has closed down two of the outstanding actions to reduce this risk resulting in a downgrading of the risk rating from 12 to 8. The Trust needs to maximise internal efficiency opportunities to reduce the investment gap and work is being undertaken with Divisions to identify these for H2 and these are in progress however, closing the gap going into 2022-23 needs more focussed work. In addition there is continued focus on monitoring the 2021-22 exit run rate particularly in relation to workforce expansion attributed to recovery activity.</p>													
21	BAF4	The Trust's clinical strategies are poorly defined	✓	✓	✓	✓	✓	MD	6	6	6	6	↔	8	31.03.21
		<p>The Trust now has in place a well-articulated strategy for its mid-to-long-term development, and associated improved clarity in its objectives. Although this risk has been scored at a level below its target for some time now, it is not proposed that this risk is removed from the BAF at this point. The Trust's strategic position will remain under review in light of the changing external environment associated with the development of the Integrated Care System across Hampshire and the Isle of Wight, and the implications of the recent White Paper. Senior Clinical Leadership Team workshop took place on 13 October 2021 with good outputs identifying the core principles upon which clinical strategy should be focused. Updates and further discussions since then at TLT and Executive sessions. Scope of Strategy now outlined, resourcing and capacity to support further development is next stage.</p>													

PROPOSED FOR CLOSURE

	BAF18	There is a lack of capacity and expertise in a number of key “back-office” functions	✓	✓	✓	✓	✓	CFO	6	6	6	6	↔	4	31.12.21
		<p>The majority of the original elements of this risk have been addressed. The Trust has concluded its recruitment campaign for the Estates and Facilities Director post in January 2022. Alignment with DEED is on-going and the TLT monthly cycle is now aligned to the implementation of DEF and progress is being achieved with strategy development and rapid improvement weeks. The implementation of the Information Strategy has been delayed due to operational pressures. The two remaining risk areas flagged last time now being addressed through recruitment and as a result this risk is proposed for closure.</p>													