

Risk Number	Theme	Risk Description	Exec Lead	Responsible Committee	Current Risk Score			Change	Previous Risk Score	Initial Risk Score	Target Risk Score	Risk appetite	Level of Assurance	Change
					Likelihood	Consequence	Risk Score							
Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort
18	Activity	If we are unable to increase elective activity, remove long waits and reduce waiting list size in a timely and cost effective manner, then patient outcomes will suffer, patient care will be compromised and/or costs will increase	COO	QGC/F&P	4	5	20	→	20	25	8	Low	5	→
22	Industrial Action	There is a risk that services and patient care/treatments will be disrupted by staff shortages due to possible (ongoing) industrial action by the NHS trade unions resulting in delays to patient care, patient harm and a poor patient experience.	COO/Dir. of People & Culture	QGC/P&C	5	4	20	↑	20	20	12	Low	3	↓
20	Urgent care	If we do not ensure that all actions are in place to enable discharge at the point of being ready for clinical discharge then we will adversely impact patient experience and inhibit flow	COO	QGC/F&P	5	4	20	↑	16	16	8	Low	3	→
7	Finance	If we fail to address the drivers of the underlying deficit and fail to respond effectively to the new financial regime (post COVID-19), then we will not achieve financial sustainability (as measured through achievement of the structural level of deficit (to be fully determined)) resulting in the potential inability to transform the way in which services operate, and putting the Trust at risk of being placed into financial special measures.	Chief Finance Officer	F&P	5	4	20	→	20	15	12	Low	3	→
8	Infrastructure	If we are not able to secure financing then we will not be able, to address critical infrastructure risks as well as maintain and modernise our estate, infrastructure, and facilities; equipment and digital technology resulting in a risk of business continuity and delivery of safe, effective and efficient care.	Chief Finance Officer	F&P	5	4	20	→	16	15	12	Moderate	3	→
19	System working	If we do not have effective system wide working to enhance patient flow and to ensure patients are managed in the most appropriate environment, then we will not be able to manage the level of urgent care activity and patient experience for patients who are clinically ready for discharge, but have not been, will suffer	COO	QGC/F&P	4	4	16	↓	20	16	8	Low	3	→
13	Cyber	If we do not have assurance on the technology estate lifecycle maintenance and asset management then we could be open to a cybersecurity attack or technology failure resulting in possible loss of service.	Chief Digital Officer	F&P	4	4	16	→	16	20	10	Low	3	→
17	Engagement with staff	If we fail to effectively involve our staff and learn lessons from the management of change and redesign / transformation of services, then it will adversely affect the success of the implementation of our Clinical Services Strategy resulting in missed opportunity to fully capitalise on the benefits of change and adversely impact staff engagement, morale and performance	COO/Dir P&C	QGC/P&C	4	4	16	→	16	12	8	Low	5	→
11	Reputation	If we have a poor reputation this will result in loss of public confidence in the Trust, lack of support of key stakeholders and system partners and a negative impact on patient care.	Director of C&E	QGC	4	4	16	→	16	12	8	Moderate	4	→
9	Workforce	If we do not have a right sized, sustainable and flexible workforce, we will not be able to provide safe and effective services resulting in poor patient and staff experience and premium staffing costs.	Director of People & Culture	P&C/Trust Board	3	5	15	→	15	15	9	Moderate	5	↑
16	Digital	If we do not make best use of technology and information to support the delivery of patient care and supporting services, then the Trust will not be able to deliver the best possible patient care in the most efficient and effective way	Chief Digital Officer	F&P	3	4	12	↓	16	20	15	Low	6	↑
3	Clinical Services	If we do not implement the Clinical Services Strategy then we will not be able to realise the benefits of the proposed service changes in full, causing reputational damage and impacting on patient experience and patient outcomes.	CMO/Dir of S&P	QGC	3	4	12	↓	16	15	5	Low	4	→
2	Engagement with patients, public and partners	If we fail to effectively engage and involve our patients, the public and other key stakeholders in the redesign and transformation of services then it will adversely affect implementation of our Clinical Services Strategy in full resulting in a detrimental impact on patient experience and a loss of public and regulatory confidence in the Trust.	Director of C&E/CNO	QGC	3	4	12	→	12	12	3	Moderate	4	→
4	Quality	If we do not have in place robust systems and processes to ensure improvement of quality and safety and to meet the national patient safety strategy, then we may fail to deliver high quality safe care resulting in negative impact on patient experience and outcomes.	CMO/CMO	QGC	3	4	12	→	12	20	8	Low	4	→
21	ICS	If the Trust fails to capitalise on the benefits of integrated care at Place, System or intra System level then this will result in missed opportunities to improve quality of care, patient experience, efficiency or financial sustainability	Director of Strategy	Trust Board	3	4	12	→	12	16	8	Low	3	→
15	Leadership	If we do not have a comprehensive leadership model and plan in place then we may not have the right leadership capability and capacity to deliver our strategic objectives and priorities	Director of People & Culture	Trust Board	3	4	12	→	12	12	8	Moderate	4	↓
10	Culture	If we fail to sustain the positive change in organisational culture, then we may fail to have the best people which will impede the delivery of safe, effective high quality compassionate treatment and care.	Director of People & Culture	P&C/Trust Board	2	5	10	→	10	15	6	Moderate	5	↓
14	Health and Wellbeing	If we do not have the capacity and capacity to implement, or staff do not access, health and wellbeing support then we may be unable to maintain safe staffing levels due to higher rates of absence and staff turnover	Director of People & Culture	P&C	2	5	10	→	10	15	10	Moderate	6	→

The following glossary is provided to help those who are unfamiliar with the abbreviations and terminology used within Worcestershire Acute Hospital Trust.

A list of abbreviations in use throughout the wider NHS can be found here:

<http://www.nhsconfed.org/acronym-buster>

Letter	Abbreviation	Definition
A	A&E	Accident and Emergency
	ALX	Alexandra Hospital
	AHP	Allied Health Professionals
B	BAF	Board Assurance Framework
	BMA	British Medical Association
	BMJ	British Medical Journal
C	CAMHS	Child and Adolescent Mental Health Services
	CAU	Clinical Assessment Unit
	CGG	Clinical Governance Group
	<i>C.diff</i>	Clostridium difficile
	CQC	Care Quality Commission
	CQUIN	Commissioning for Quality and Innovation
	CRR	Corporate Risk Register
D	Datix	Electronic system of risk reporting (incidents/complaints etc)
	DH	Department of Health
	DoLS	Deprivation of Liberty Safeguards
	DNA	Did Not Attend
	DTA	Decision to Admit
	DTOC	Delayed Transfer of Care
E	ED	Emergency Department [A&E]
	EOL	End of Life
	EPR	Electronic Patient Record
	EPRR	Emergency Preparedness, Resilience and Response
	ESR	Electronic Staff Record
F	F&P	Finance & Performance Committee
	FBC	Full Business Case
	FFT	Friends and Family Test
	FOI	Freedom of Information
G	GDPR	General Data Protection Regulation
	GMC	General Medical Council
	GP	General Practitioner
H	H&WHCT	Hereford and Worcestershire Health and Care Trust
	HCSW	Health Care Support Worker
	HDU	High Dependency Unit
	HEE	Health Education England
	HR	Human Resources
	HSE	Health and Safety Executive
I	ICB	Integrated Care Board
	ICS	Integrated Care System
	ICO	Information Commissioner's Office
	ICU	Intensive Care Unit
	IPC	Infection Prevention and Control
K	KPI	Key Performance Indicator

	KTC	Kidderminster Treatment Centre
L	LOS	Length of stay
M	MAU	Medical Assessment Unit
	MFFD	Medically fit for discharge
	MIU	Minor Injuries Unit
	MoU	Memorandum of Understanding
	MRSA	Methicillin-resistant Staphylococcus Aureus
N	NED	Non-Executive Director
	NHSE	National Health Service England
	NICE	National Institute for Health and Care Excellence
	NMC	Nursing and Midwifery Council
	NOF	Neck of Femur
O	OBC	Outline Business Case
	OD	Organisational Development
	OOA	Out of Area
	OOH	Out of Hours
P	PALS	Patient Advice and Liaison Service
	PAS	Patient Administration System
	P&C	People & Culture Committee
	PEP	Productivity and Efficiency Programme
Q	QGC	Quality Governance Committee
	QIA	Quality Impact Assessment
R	RAG	Red/Amber/Green (rating)
	RMG	Risk Management Group
	RCA	Root Cause Analysis
	RN	Registered Nurse
	RTT	Referral to Treatment
S	SAU	Surgical Assessment Unit
	SDEC	Same Day Emergency Care
	SFI	Standing Financial Instructions
	SI	Serious Incident
	SLA	Service-Level Agreement
	SOC	Strategic Outline Case
	SOP	Standard Operating Procedure
T	ToR	Terms of Reference
W	WRH	Worcester Royal Hospital
	WRES	Workforce Race and Equality Standard