

# The Integrated Risk and Assurance Report

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Sponsor: Stephen Ward, Director of Corporate & Legal Affairs

**Trust Board paper H**

## Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place	X
Noting	For noting without the need for discussion	

## Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board	EPB 24/09/19	To discuss BAF and risk register ahead of TB meeting
Trust Board Committee		
Trust Board		

## Executive Summary

### Context

The purpose of this paper is to enable the UHL Trust Board to review the current position with progress of the risk control and assurance environment, including the Board Assurance Framework (BAF) and the organisational risk register.

### Questions

1. What are the highest rated principal risks on the 2019/20 BAF?
2. What are the significant risk themes evidenced on the organisational risk register?

### Conclusion

1. The Trust Board approved the 2019/20 BAF for quarter one at its meeting in August 2019. Since that meeting all executive leads have reviewed and updated their principal risks for the period ending 31st August and all principal risks have been submitted to their relevant Executive Boards as part of the BAF governance arrangements. The highest rated principal risks, all rated 20, include:

PR No.	Principal Risk Event	Current Rating: July (L x I)
1	Failure to deliver key performance standards for emergency, planned and cancer care	5 x 4 = 20
5	Failure to recruit, develop and retain a workforce of sufficient quantity and skills	5 x 4 = 20
6a	Serious disruption to the Trust's critical estates infrastructure	4 x 5 = 20
6b	Serious disruption to the Trust's critical IT infrastructure	4 x 5 = 20

There has been one change to the current risk rating to principal risk 9 – failure to meet the financial control total including through improved productivity – which has been increased from a 12 (L3 x I4) to 16 (L4 x I4) during the reporting period.

- There are 288 risks recorded on the organisational risk register (including 95 rated high). There have been six new risks scoring 15 and above entered on the risk register during this reporting period. Thematic Analysis of the organisational risk register shows the key causation theme as gaps in workforce capacity and capability across all CMGs.

## Input Sought

The Board is invited to review and approve the content of this report, noting the work on the BAF and the position to entries on the organisational risk register, and to advise as to any further action required in relation to the UHL risk management agenda.

### ***For Reference:***

**This report relates to the following UHL quality and supporting priorities:**

#### **1. Quality priorities**

Safe, surgery and procedures	[Not applicable]
Safely and timely discharge	[Not applicable]
Improved Cancer pathways	[Not applicable]
Streamlined emergency care	[Not applicable]
Better care pathways	[Not applicable]
Ward accreditation	[Not applicable]

#### **2. Supporting priorities:**

People strategy implementation	[Not applicable]
Estate investment and reconfiguration	[Not applicable]
e-Hospital	[Not applicable]
More embedded research	[Not applicable]
Better corporate services	[Not applicable]
Quality strategy development	[Not applicable]

**3. Equality Impact Assessment and Patient and Public Involvement considerations:**

If an EIA was not carried out, what was the rationale for this decision? N/A

**4. Risk and Assurance**

**Risk Reference:**

Does this paper reference a risk event?	Select (X)	Risk Description:
<b>Strategic:</b> Does this link to a <i>Principal Risk</i> on the BAF?	X	See appendix 1
<b>Organisational:</b> Does this link to an <i>Operational/Corporate Risk</i> on Datix Register	X	See appendix 2
<b>New Risk</b> identified in paper: What <i>type</i> and <i>description</i> ?		
<b>None</b>		

5. Scheduled date for the **next paper** on this topic: Quarterly

6. Executive Summaries should not exceed **5 sides** My paper does comply

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:** UHL TRUST BOARD

**DATE:** 3<sup>RD</sup> OCTOBER 2019

**REPORT BY:** STEPHEN WARD – DIRECTOR OF CORPORATE & LEGAL AFFAIRS

**SUBJECT:** INTEGRATED RISK AND ASSURANCE REPORT (INCORPORATING UHL BOARD ASSURANCE FRAMEWORK & ORGANISATIONAL RISK REGISTER AS AT 31<sup>ST</sup> AUGUST 2019)

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### 1 INTRODUCTION

- 1.1 This integrated risk and assurance report will assist the Trust Board (referred to hereafter as the Board) to discharge its risk management responsibilities by providing the current position with entries on the:-
- a. Board Assurance Framework (BAF);
  - b. Organisational (Datix) risk register.

### 2. BOARD ASSURANCE FRAMEWORK SUMMARY

2.1 The BAF is an essential tool providing board assurance over the key controls in place that manage the principal risks to the strategic objectives. The format of the BAF is designed to provide the Board with a simple but comprehensive method to monitor the management of principal risks to the achievement of its strategic objectives. The BAF is informed by the significant operational risks on the organisational risk register, in addition to considering external threats to the delivery of the Trust's objectives and priorities.

2.2 The Trust Board approved the 2019/20 BAF for quarter one at its meeting in August 2019. Since that meeting, all executive leads have reviewed and updated their principal risks for the period ending 31<sup>st</sup> August and all principal risks have been submitted to their relevant Executive Boards as part of the BAF governance arrangements. A detailed version of the BAF is attached at appendix one.

2.3 The highest rated principal risks on the BAF are:

PR No.	Principal Risk Event <i>If we don't put in place effective systems and processes to deal with the threats described in each principal risk... then it may result in...</i>	Executive Lead Owner	Current Rating: July (L x I)
1	Failure to deliver key performance standards for emergency, planned and cancer care	COO	5 x 4 = 20
5	Failure to recruit, develop and retain a workforce of sufficient quantity and skills	DPOD	5 x 4 = 20
6a	Serious disruption to the Trust's critical estates infrastructure	DEF	4 x 5 = 20
6b	Serious disruption to the Trust's critical IT infrastructure	CIO	4 x 5 = 20

2.4 There has been one change in current risk rating to principal risk 9 - failure to meet the financial control total including through improved productivity – increasing from a 12 (L3 x I4) to 16 (L4 x I4) during the reporting period. This principal risk and proposed change in rating was discussed as part of the BAF deep dive exercise at the meeting of the Audit Committee on 6th September 2019

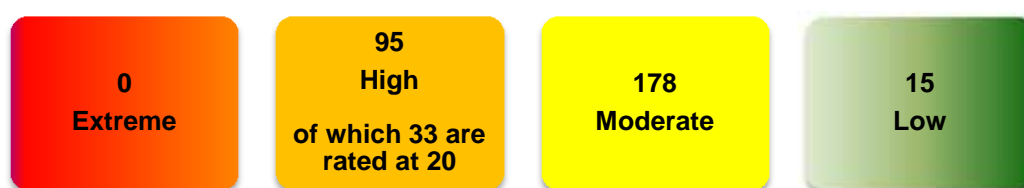
2.5 The Audit Committee, as an assurance committee of the Board, will continue to complete a 'deep dive' into a principal risk on the 19/20 BAF at each meeting to

provide an independent and objective view of internal control. The Audit Committee has agreed to review principal risk 6a – Serious disruption to the Trust’s critical estates infrastructure – at their meeting on 8th November.

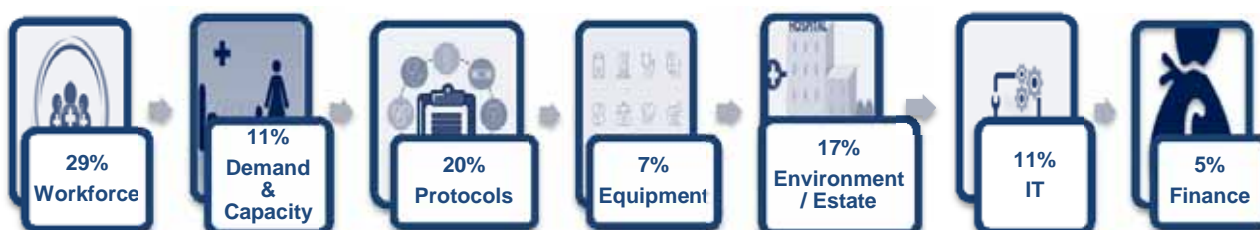
### 3. ORGANISATIONAL RISK REGISTER SUMMARY

3.1 The Trust’s organisational risk register, consisting of local CMG and corporate risks, has been kept under review by the Executive Performance Board and CMG Boards during the reporting period and displays 288 risk entries. The organisational risk profile, by current risk rating, is illustrated in Figure 1, below, and a dashboard of the risks rated 15 and above (high) is attached at appendix two. A full version of the risk register has been shared with CMGs and corporate directorates and can be accessed by searching on Insite.

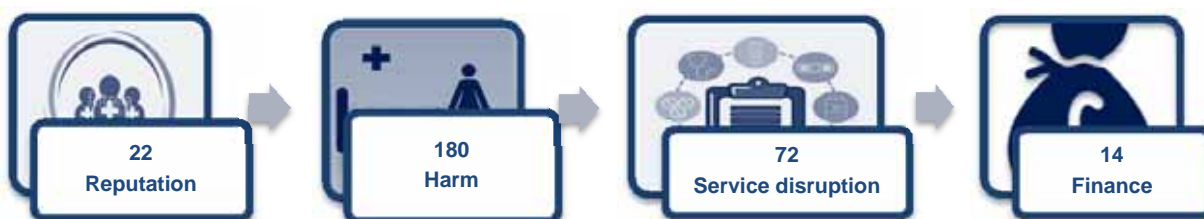
Fig 1: UHL Organisational Risk Register profile by current rating



3.2 The risk causation themes for the risks open on the organisational risk register are illustrated in the graphic below:



3.3 The risk impact themes for the risks open on the organisational risk register are illustrated in the graphic below:



3.4 There have been six new risks rated 15 and above entered on the risk register and endorsed by the Executive Team during the reporting period:

ID	CMG	Risk Description – New Risks	Current Rating	Target Rating
3511	Human Resources	If Senior Medics and Nurses reduce their hours, decide not to undertake additional work or leadership positions, or take early retirement, caused by HM Revenue & Customs pension changes to life time and annual allowances, then it may result in significant operational difficulties in delivery of patient care and delays with patient diagnosis and treatment, leading to potential harm and prolonged service disruption (Tolerated risk)	20	20

3509	CMG 5 - MSK & SS	If ENT's H&N Consultant Posts are not recruited in to, then it may result in delay to Cancer Patient Pathways and Treatment, leading to potential for harm and 62 Day Cancer Breaches to the Trust	16	6
3508	CMG 5 - MSK & SS	If the critical SHO vacancy gaps in Max Fax are not recruited into, then it may result in widespread delays with patient diagnosis and treatment, leading to potentially significant harm to patients	16	12
3497	CMG 6 - CSI	If Calea UK are unable to provide home parenteral nutrition services to patients under the care of UHL, caused by reduction in compounding capacity at Calea UK, then it may result in delays with patient treatment, leading to potential harm (Tolerated Risk)	16	16
3510	CMG 5 - MSK & SS	If the lack of facilities to support single sex accommodation in the Professor Harper trauma clinic. (PHTC) are not addressed, then it may result in Patient Dignity being compromised (single sex breach is a never event), leading to poor experience and reputational impacts	15	9
3492	CMG 7 - W&C	If demand for the maternity ultrasound scan provision exceeds capacity, causing a delay, then it may result in a preventable stillbirth or an increase in the risk of the fetus developing cerebral palsy due to widespread delay in providing a growth scan for women identified to have an increased risk of a problem with fetal growth or reduced fetal movements, leading to potential harm	15	10

#### 4. RISK MANAGEMENT WORK PROGRAMME

- 4.1 The Corporate Risk Team, in conjunction with the Director of Corporate & Legal Affairs, is formulating a risk management action plan to further strengthen our risk management function following discussion at AC in Sept. The aim of the action plan will be to support greater devolution of decision making and accountability for management of risk throughout the organisation from Board level to point of delivery. The plan will include a proposal to improve the Datix risk register system so that risk can be more clearly managed through risk assessment and risk registers at all levels of the Trust, from 'Ward to Board'. This will improve and codify our existing escalation processes and provide a stronger audit trail.

#### 5 RECOMMENDATIONS

- 5.1 The Board is invited to review and approve the content of this report, noting the work on the BAF and the position to entries on the organisational risk register, and to advise as to any further action required in relation to the UHL risk management agenda.

*Report prepared by Risk & Assurance Manager, 25/09/2019.*

**Board Assurance Framework: Dashboard**

Strategic Objective: Becoming the Best - Delivering caring at its best to every patient, every time	PR No.	Principal Risk Event <i>If we don't put in place effective systems and processes to deal with... (the threats described in each principal risk)... then it may result in...</i>	Executive Lead Owner	Monitoring Forums / Boards		Current Rating: Aug (L x I)	Q2 Target Rating (L x I)	Q3 Target Rating (L x I)	Q4 Target Rating (L x I)
	1	Failure to deliver key performance standards for emergency, planned and cancer care	COO	EQPB	QOC / PPPC	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	4 x 4 = 16
	2	Failure to reduce patient harm	MD / CN	EQPB	QOC	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	2 x 5 = 10
	3	Serious/catastrophic failure in a specific clinical service	MD / COO	EQPB	QOC	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	2 x 5 = 10
	4	Failure to deliver the Quality Strategy to plan	CEO	ESB	TB	2 x 4 = 8	2 x 4 = 8	2 x 4 = 8	2 x 4 = 8
	5	Failure to recruit, develop and retain a workforce of sufficient quantity and skills	DPOD	EPCB (EQPB)	PPPC	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	4 x 4 = 16
	6a	Serious disruption to the Trust's critical estates infrastructure	DEF	ESB	QOC	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20
	6b	Serious disruption to the Trust's critical IT infrastructure	CIO	EIM&T (EQPB)	QOC	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	4 x 4 = 16
	7	Failure to progress the Trust's site investment and reconfiguration plans	DEF	ESB	TB	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	3 x 4 = 12
	8	Failure to deliver the e-hospital strategy including the required process and cultural change	CIO	EIM&T (EQPB)	PPPC	4 x 3 = 12	4 x 3 = 12	4 x 3 = 12	3 x 3 = 9
	9	Failure to meet the financial control total including through improved productivity	CFO	EQPB	FIC	4 x 4 = 16 ↑12	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16
	10	Failure to work with the wider system	DSC	ESB	TB	4 x 4 = 16	4 x 4 = 16	3 x 4 = 12	3 x 4 = 12
11	Failure to maintain and enhance research market competitiveness by failing to develop Leicestershire Academic Health Partners	MD / DSC	ESB	TB	3 x 3 = 9	3 x 3 = 9	3 x 3 = 9	2 x 3 = 6	

**BAF Rating System: rating on event occurring (L x I):**

		Impact				
		Rare	Minor	Moderate	Major	Extreme
Likelihood	Extremely unlikely	1	2	3	4	5
	Unlikely	2	4	6	8	10
	Possible	3	6	9	12	15
	Likely	4	8	12	16	20
	Almost certain	5	10	15	20	25

PR Score	PR Rating
1-6	Low
8-12	Moderate
15-20	High
25	Extreme

Appendix 1 - 2019/20 Board Assurance Framework – August (FINAL)

Review date:	Aug 2019	Executive lead(s):	COO	Lead Executive Board:	EQPB	Lead TB sub-committee & date reviewed:	QOC / PPPC					
Strategic Objective	Becoming the Best - Delivering caring at its best to every patient, every time											
PR Event (PR 1)	Failure to deliver key performance standards for emergency, planned and cancer care											
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)
BAF rating (L x I)	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20							
Target rating (L x I)			5 x 4 = 20			5 x 4 = 20			5 x 4 = 20			4 x 4 = 16
Rationale for score:	<p>Overall demand into the ED has continued (4 hour performance – was 73.7% for May, system performance including LLR UCCs was 81.5%) with capacity being the key constraint. At a system level, the A&amp;E Delivery Board has approved a more focussed action plan for 2019/20 which responds to guidance issued nationally and regionally about which interventions are likely to have the most impact.</p> <p>For Cancer, UHL achieved the UHL trajectory for or national target for 6 out of the national targets, with 4 achieving the national standard outright. Performance has improved against our trajectory with only 2WW breast missing the trajectory by 3%. The 62 day standard remains the biggest challenge going forward.</p>											
Key threats / opportunities	Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice					Gaps in control / assurance			Actions		Lead	Due Date
Emergency Care:												
Achieving 4hr ED Target	<p>Preventative:</p> <ul style="list-style-type: none"> <li>Capacity Flow and escalation policy. Success of policy as mitigation is dependent on level of demand in relation to capacity.</li> </ul> <p>Corrective:</p> <ul style="list-style-type: none"> <li>Operational command meeting with OPEL triggers appropriate to each level,</li> </ul> <p>Detective:</p> <ul style="list-style-type: none"> <li>ED patients waiting</li> <li>Patient Centre wait times</li> <li>Bed occupancy.</li> <li>UHL Capacity Reports.</li> </ul>					<ol style="list-style-type: none"> <li>Nursing workforce constraints continue to hamper flow and impacts on patient experience and performance (breached).</li> <li>Ability to empty community beds when we are struggling with capacity and flow.</li> <li>Delays in patients moving to community hospitals.</li> <li>Insufficient transport adding unnecessary delay to patient discharge.</li> </ol>			<ol style="list-style-type: none"> <li>Actions as per People Strategy and Implementation Plan.</li> <li>Monitor and influence through operational command meetings.</li> <li>Negotiate with LPT extension of criteria for admission.</li> <li>Discuss with CCG requirements for extra support. Ensure the provider is contract compliant.</li> </ol>		DM/ HoN/ HW	Review Oct 2019
Persistent unprecedented level of demand for services.	<p>Preventative:</p> <ul style="list-style-type: none"> <li>Capacity and demand bed modelling reviewed quarterly.</li> </ul> <p>Corrective:</p> <ul style="list-style-type: none"> <li>Admission prevention &amp; avoidance projects owned by LLR and reported through A&amp;E Delivery Board.</li> </ul> <p>Detective:</p> <ul style="list-style-type: none"> <li>A&amp;E Delivery Board and sub groups – monitor progress of system wide actions, chaired by CCG MD.</li> </ul>					<ol style="list-style-type: none"> <li>Intermittent long ambulance handover delays continue to suggest processes internally and externally need strengthening.</li> <li>Acuity of patients continues to increase, putting pressure on the Emergency Floor and at ward level.</li> <li>Timing of ED arrivals (batching) both walk-in and ambulance still require in depth analysis and action to mitigate.</li> </ol>			<ol style="list-style-type: none"> <li>Ambulance handover task and finish group to understand root cause and enable preventative actions to be put in place by Aug 2019.</li> <li>Trust working with AEDB to understand what actions can address the historical issue of batching. The Trust is working with commissioners to develop and embed a model for acute frailty and same day emergency care which may ease some pressure but will require earlier presentation of patients for the system to reap the</li> </ol>		DM  DM	Oct 2019  Sep 2019



**Appendix 1 - 2019/20 Board Assurance Framework – August (FINAL)**

			full benefits.				
<ul style="list-style-type: none"> <li>Planned Care:</li> </ul>							
Increased RTT backlog	<p>Preventative:</p> <ul style="list-style-type: none"> <li>Trust Access Policy.</li> <li>NHS Constitution.</li> <li>Demand and capacity modelling.</li> </ul> <p>Detective:</p> <ul style="list-style-type: none"> <li>Weekly Access Meeting.</li> <li>Monthly system Activity Triangulation meeting.</li> <li>Performance Review Meeting.</li> <li>Long Waiters Report.</li> <li>Bi-weekly 40+ week report.</li> <li>Daily long waiters TCI report.</li> </ul>	1	Reduction in capacity from original 2019/20 plans due to changes in pension rules and reduced discretionary effort.	1	Options appraisal completed and provided to CMG's with increased patients over 40 weeks to work up options to avoid 52 week breaches. Independent Sector in use for ENT.	WB	Sept 2019
		2	LLR FOT significantly over financial plan. System partners looking to further reduce spend including further flexing outwards of waiting times and waiting list size.	2	Working with system partners to maximise activity efforts with coordinated response that meets targets and minimises financial risk.	WB	Sept 2019
		3	Delayed delivery of QIPP RSS to deflect demand away from secondary care.	3	Working with RSS delivery team and commissioners as part of triangulation meetings. Ophthalmology start remains delayed. General Surgery due to start in September.	WB	Oct 2019
<ul style="list-style-type: none"> <li>Cancer care:</li> </ul>							
62 day cancer performance target	<p>Preventative:</p> <ul style="list-style-type: none"> <li>Trust Access Policy.</li> <li>NHS Constitution.</li> </ul> <p>Detective:</p> <ul style="list-style-type: none"> <li>Cancer Action Board.</li> <li>CMG Performance Review Meetings.</li> <li>Escalation Meetings.</li> <li>UHL Cancer Board Meeting.</li> <li>System Cancer Pathway and Performance Board.</li> <li>Daily Cancer PTL.</li> <li>Weekly backlog update.</li> <li>Daily Tumour site TCI report.</li> </ul>	1	Theatre / Robotic capacity in Urology.	1	UHL to use of Derby spare robotic sessions (staffing dependent).	SL	Sept 2019
		2	Head and Neck Consultant vacancies resulting in challenges to the 2WW performance and 62 day performance.	2	Sessions being offered ad hoc from NGH and KGH.	SL	Sept 2019
		3	Late tertiary referrals.	3	Ensure that all tertiary referrals are only accepted at the point they are ready for treatment.	SL	Oct 2019

Appendix 1 - 2019/20 Board Assurance Framework – August (FINAL)

Review date:	Aug 2019	Executive lead(s):	MD / CN	Lead Executive Board:	EQPB	Lead TB sub-committee & date reviewed:	QOC					
Strategic Objective	Becoming the Best - Delivering caring at its best to every patient, every time											
PR Event (PR 2)	Failure to reduce patient harm											
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)
BAF rating (L x I)	4 x 5 = 20	4 x 5 = 20	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15							
Target rating (L x I)			3 x 5 = 15			3 x 5 = 15			3 x 5 = 15			2 x 5 = 10
Rationale for score:												
Key threats / opportunities	Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice					Gaps in control / assurance			Actions		Lead	Due Date
<ul style="list-style-type: none"> <li>Inadequate clinical practice and/or ineffective clinical governance.</li> <li>Lack of resources to fully embed a proactive approach to managing safety.</li> </ul>	<p>Preventive:</p> <ul style="list-style-type: none"> <li>Plan includes set of quality priorities, along with key enabler priorities for 19/20 – included in the Quality Strategy (BtB), agreed by TB and performance monitored via the Executive Team.</li> <li>Staff training programmes (induction, statutory &amp; mandatory and non-mandatory) – recorded on HELM and monitored via Executive Team.</li> <li>Maintenance of defined safe staffing levels on wards &amp; departments – nursing and medical monitored on a daily basis.</li> <li>Policies and procedures and guidelines including NatSSIPs/ LocSSIPs – process for policy approval and docs stored on INsite (Policy and Guideline Library) and accessible to all staff.</li> <li>QI safety initiatives embedded in clinical settings – stop the line.</li> <li>Patient Safety Portal – available on insite and accessible to all staff.</li> </ul> <p>Detective:</p> <ul style="list-style-type: none"> <li>Ward assessment and accreditation programme.</li> <li>Trust wide risk monitoring and governance structure in place including: risk register, CAS broadcasts, Incident reporting, Complaints, Claims &amp; Inquest management, clinical audit programme.</li> <li>Senior leadership safety walkabout programme.</li> <li>CMG PRMs monitor Quality, Workforce, Finance and Operational performance and provide 2-way communication forum with opportunity to confirm and challenge CMGs and also for CMGs to flag issues / report noise in the system.</li> <li>Quality governance structures and teams at Executive and CMG levels – including EQPB (which receive a monthly patient safety report including themes from incidents, risks and complaints), Adverse Events Committee (which scrutinise and analyse learning from incident investigations), Clinical Quality Review Group, and CMG Boards (which receive monthly patient safety incident and risk reports) to identify, oversee and escalate / disseminate quality related matters.</li> </ul> <p>Corrective:</p> <ul style="list-style-type: none"> <li>Regular liaison meetings with Leic Coroner re hospital deaths and inquests.</li> <li>Medical Examiner and Learning from Deaths reviews triangulated with patient safety data.</li> </ul>					<ol style="list-style-type: none"> <li>Lack of audit of improvement from actions taken to address incidents, risks, alerts, complaints.</li> <li>Overdue RCA actions require urgent attention from relevant CMGs (CMG CDs).</li> <li>Inconsistent implementation of LocSSIPs and checking processes for invasive procedures.</li> <li>Full roll out and embedding of LocSSIPs and 5 steps to safer surgery procedures.</li> <li>Some clinical policies and procedures have elapsed review dates.</li> <li>Assessment &amp; accreditation not fully rolled out.</li> <li>Gaps in resource to support the Quality Strategy priorities.</li> </ol>			<ol style="list-style-type: none"> <li>Quality Improvement lead to launch quality improvement systems and processes to help measure improvement performance.</li> <li>RCA actions escalated in safety report to EQPB.</li> <li>QI priorities and supporting priorities progress reports to Exec Boards.</li> <li>Partnership with AQUA to support QI journey including safely and timely discharge work.</li> <li>Policy and Guideline process efficiency review.</li> <li>Complete roll-out for A&amp;A.</li> <li>Quality Improvement posts being recruited into and resources being deployed to support Quality Strategy and Quality Improvement priorities.</li> </ol>		MD / CN.	Q3 19/20
											MD.	Review monthly
											MD / CN.	Review monthly
											MD / CN.	Q2 19/20
											CN	Sept 2019
											CN	June 2020
											MD/ CN.	Jan 2020

Appendix 1 - 2019/20 Board Assurance Framework – August (FINAL)

Review date:	Aug 2019	Executive lead(s):	MD / COO	Lead Executive Board:	EQPB	Lead TB sub-committee & date reviewed:	QOC					
Strategic Objective	Becoming the Best - Delivering caring at its best to every patient, every time											
PR Event (PR 3)	Serious/catastrophic failure in a specific clinical service											
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)
BAF rating (L x I)	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15							
Target rating (L x I)			3 x 5 = 15			3 x 5 = 15			3 x 5 = 15			2 x 5 = 10
Rationale for score:												
Key threats / opportunities	Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice					Gaps in control / assurance			Actions		Lead	Due Date
<ul style="list-style-type: none"> <li>Lack of business intelligence to analyse and triangulate system data collected.</li> <li>Lack of forecasting based on knowledge gathered in the Trust.</li> <li>Lack of resources to fully embed a proactive approach to managing safety.</li> <li>Inadequate clinical practice and/or ineffective clinical governance.</li> </ul>	<p>Preventive:</p> <ul style="list-style-type: none"> <li>Supervision and education of clinical staff across all professions.</li> <li>Clinical revalidation assessment process.</li> </ul> <p>Detective:</p> <ul style="list-style-type: none"> <li>Q &amp; P metrics report data required at national / local levels on a monthly basis and is reviewed by Executive Boards and Trust Board.</li> <li>CMG PRMs monitor Quality, Workforce, Finance and Operational performance and provide 2-way communication forum with opportunity to confirm and challenge CMGs and also for CMGs to flag issues / report noise in the system.</li> <li>Staff surveys including GMC / educational surveys provide staff opportunity to report issues.</li> <li>Data gathered for business planning purposes to analyse trends - a multi-disciplinary team across UHL functions devised and populated a model which provides assessment against:- Quality &amp; Safety (outcomes or effectiveness frameworks, Patient safety and incident reports, risk assessments flagged on risk register, CQC feedback); Finances (position against plan, margin assessments); Efficiency &amp; effectiveness (weighted activity unit, benchmark efficiency position); Performance (Impact on RTT/cancer, waiting lists, demand and capacity); soft intelligence (transformation, reconfiguration).</li> <li>Communication / listening events and forums - Whistle blowing, Freedom to Speak Up Guardian, 3636 line, senior leadership safety walkabout programme.</li> <li>Regular dialogue with regulators and Commissioners.</li> <li>External scrutiny - GIRFT validations, peer assurance reviews.</li> <li>National audit data collection and monitoring.</li> <li>UHL Ward assessment and accreditation programme.</li> </ul>					<p>1 A framework to scan data collected by different groups to facilitate horizon scanning.</p>			<p>1 Develop an 'assured service framework' for all clinical services.</p>		MD / COO	31/03/20



Appendix 1 - 2019/20 Board Assurance Framework – August (FINAL)

Review date:	Aug 2019	Executive lead(s):	DPOD	Lead Executive Board:	EPCB (EQPB)	Lead TB sub-committee & date reviewed:	PPPC					
Strategic Objective	Becoming the Best - Delivering caring at its best to every patient, every time											
PR Event (PR5)	Failure to recruit, develop and retain a workforce of sufficient quantity and skills											
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)
BAF rating (L x I)	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20							
Target rating (L x I)			5 x 4 = 20			5 x 4 = 20			5 x 4 = 20			4 x 4 = 16
Rationale for score:	The People Strategy is a five year plan. The actions planned should help maintain the current score and avoid it rising to 25, and by the end of the financial year we hope to see the likelihood rating reduce.											
Key threats / opportunities	Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice				Gaps in control / assurance			Actions		Lead	Due Date	
<ul style="list-style-type: none"> <li>Failure to recruit.</li> </ul>	Preventive: <ul style="list-style-type: none"> <li>People strategy in place covering talent identification, staff engagement and workforce planning - available on Insite, ratified by TB – Reporting to EPCB.</li> <li>Nursing and Midwifery WF plan (appendix of People Strategy) aligned to NHS interim People Plan – defined 12 month deliverables.</li> <li>Medical WF plan (appendix of People Strategy) aligned to NHS interim People Plan – defined 12 month deliverables.</li> <li>People management policies, processes and professional support tools – available on Insite (including Recruitment and Selection Policy and Procedure) – process to review and update policies as appropriate.</li> <li>Vacancy management and recruitment / retention process (TRAC system) – Time to Hire KPI in place, reported monthly as part of monthly WF data set.</li> <li>Recruitment &amp; overseas recruitment campaigns as part of corporate and CMG Workforce plans.</li> </ul>				1. Significant vacancy areas remaining - e.g. Lack of skilled nursing workforce. 2. Developed WF plans for other staff groups e.g. AHP's, A&C staff.			1. Validate the CMGs' risks on Datix risk register. 2. Development of WF plans in progress – staff group specific – to be clearly scoped by end July 2019.		CMGs CDs. DB	Oct 2019  October 2019	
<ul style="list-style-type: none"> <li>Failure to develop.</li> </ul>	Preventive: <ul style="list-style-type: none"> <li>People strategy in place covering talent identification, staff engagement - available on Insite, ratified by TB – Reporting to EPCB.</li> <li>Becoming the Best - Integrated Leadership Plan. Phase 1 – Discovery - including QI Agents appointed and training delivered; leadership survey analysis and findings reported; Becoming the Best Focus Groups across all sites delivered. Phase 2 – Design – commenced July 2019.</li> <li>Nursing and Midwifery WF plan (appendix of People Strategy) aligned to NHS interim People Plan – defined 12 month deliverables.</li> <li>Medical WF plan (appendix of People Strategy) aligned to NHS interim People Plan – defined 12 month deliverables.</li> <li>People management policies, processes and professional support tools to support talent management and people capability development.</li> <li>Core skills development including Statutory and Mandatory training – regular reporting as part of CMG PRMs and EPCB.</li> </ul>				1. Electronic Appraisal system incorporating people capability framework. 2. Analyse findings from discovery phase of QS programme to identify and understanding the gap. 3. Fully utilising workforce, new ways of working and new roles. 4. Process for improving statutory and mandatory training bank performance. 5. Process for improving disciplinary procedure.			1. Confirmation of funding for IT appraisal system and alignment with Medical revalidation. 2. A) Running open space events – to involve others in Design phase B) Reviewing governance structures – to capture team around the patient. 3. Establish process for improving statutory and mandatory training bank performance (at 93% for Aug 2019).		SG  BK  HK/CF/ AF  BK/EM/ JJ	Oct 2019  Sept 2019  Dec 2019  Sept 2019	

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			4. Embed improving People processes – disciplinary processes – to PPPC in Oct	HW/JTF	Oct 2019
<ul style="list-style-type: none"> <li>Failure to retain.</li> </ul>	<p>Preventive:</p> <ul style="list-style-type: none"> <li>Employee Health &amp; Wellbeing Steering Group and Action Plan.</li> <li>People Strategy – Becoming the Best – defined measures reporting to EPCB.</li> <li>Nursing and Midwifery WF plan (appendix of People Strategy) aligned to NHS interim People Plan – defined 12 month deliverables.</li> <li>Medical WF plan (appendix of People Strategy) aligned to NHS interim People Plan – defined 12 month deliverables.</li> <li>Equality and Diversity Board and integrated action plan.</li> </ul>	<ol style="list-style-type: none"> <li>Developed WF plans for other staff groups e.g. AHP's, A&amp;C staff.</li> <li>To add new indicators e.g. Learning Disability Employment programme and Sexual Orientation monitoring standard.</li> </ol>	<ol style="list-style-type: none"> <li>Development of staff group specific WF plans.</li> <li>Refresh Integrated E&amp;D action plan to reflect requirements against performance indicators.</li> </ol>	<p>DB</p> <p>HW/BK</p>	<p>Sept 2019</p> <p>Sept 2019</p>

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Review date:	August 2019	Executive lead(s):	DEF	Lead Executive Board:	EQPB	Lead TB sub-committee & date reviewed:	QOC					
Strategic Objective	Becoming the Best - Delivering caring at its best to every patient, every time											
PR Event (PR6a)	Serious disruption to the Trust's critical estate infrastructure											
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)
BAF rating (L x I)	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20							
Target rating (L x I)			4 x 5 = 20			4 x 5 = 20			4 x 5 = 20			4 x 5 = 20
Rationale for score:	Risk of sudden & unexpected failure of critical estate due to plant, building and infrastructure attrition through lack of backlog investment over many years manifesting as increasing incidence/risk of infrastructure failure interruptions. Dependency on Capital Investment including emergency bids.											
Key threats / opportunities	Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice					Gaps in control / assurance		Actions		Lead	Due Date	
<ul style="list-style-type: none"> <li>Critical incident internally</li> <li>Loss of ability to provide patient/patient support services, or to carry out normal work due to failure of infrastructure/ critical resource including: water, electrical supply, ventilation, piped medical gas, heating and drainage.</li> <li>Critical infrastructure maintained in operational condition beyond design lifecycle and increasingly becoming liable to 'sudden and unexpected' failure.</li> <li>Planned Preventative Maintenance systems in place, but there are skill and resource gaps</li> </ul>	<p>Preventive:</p> <ul style="list-style-type: none"> <li>Risk based prioritised plan developed by E&amp;F Risk group to support the reduced 2019/20 Capital Programme across the following fields : <ul style="list-style-type: none"> <li>➤ Condition;</li> <li>➤ Compliance;</li> <li>➤ Resilience;</li> <li>➤ Single point Failures.</li> </ul> </li> </ul> <p>Corrective:</p> <ul style="list-style-type: none"> <li>E&amp;F Escalation and Emergency corrective response arrangements in place to respond to breakdowns and failures.</li> <li>24/7 response from Estates &amp; Facilities and specialist contractors, including 'out of hours' arrangements.</li> <li>Backlog maintenance reported in the ERIC return to the Department of Health and benchmarked against other NHS Trusts annually.</li> <li>Some critical plant and equipment have back-up systems (contingency plans) in the event of 'loss of' power/engineering services.</li> </ul> <p>Detective:</p> <ul style="list-style-type: none"> <li>Annual assurance reports from independent specialists for services including: Electrical, Piped Medical Gas, Water and Specialist Ventilation.</li> <li>Annual Premises Assurance Model assessment.</li> <li>Annual Patient-led Assessments of the Care Environment (PLACE) with scorecard reported nationally and benchmarked.</li> <li>Monthly PPM reports measured against KPI's.</li> <li>'State of the Nation' presentation to Trust Board in July to escalate lack of investment and extent of challenges and propose 10 year investment plans.</li> </ul>					<ol style="list-style-type: none"> <li>Insufficient capital investment to adequately address the backlog maintenance liability.</li> <li>Recruitment and retention of key operational and maintenance E&amp;F staff. Potential shortfall in operational budget for recruitment of sufficient cleaning and Estates maintenance staff to deliver services and maintain estate with resilience and quality improvements.</li> </ol>		<ol style="list-style-type: none"> <li>Emergency capital bid to NHSi for c£10M. Paper to be presented to TB in September 2019 on risks and priorities and investment benefits.</li> <li>E&amp;F management restructure completed and plans are in place to implement operational changes.</li> </ol>		DEF	Review Sept 2019	
										DEF	March 2020.	

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Review date:	Aug 2019	Executive lead(s):	CIO	Lead Executive Board:	EIM&T / EQPB	Lead TB sub-committee & date reviewed:	QOC					
Strategic Objective	Becoming the Best - Delivering caring at its best to every patient, every time											
PR Event (PR6b)	Serious disruption to the Trust's critical IT infrastructure											
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)
BAF rating (L x I)	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20							
Target rating (L x I)			4 x 5 = 20			4 x 5 = 20			4 x 5 = 20			4 x 4 = 16
Rationale for score:	Dependency on obsolete equipment/software, lack of fully redundant infrastructure, risk of cyber attack											
Key threats / opportunities	Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice				Gaps in control / assurance				Actions		Lead	Due Date
<ul style="list-style-type: none"> <li>Critical incident impacting IM&amp;T services – failure of software / hardware, cyber-attack.</li> <li>Information security breach – loss of patient data.</li> <li>Big Bang or Rising Tide event - fire, flood, terrorist attack.</li> <li>Lack of capital investment in IT infrastructure.</li> <li>Inability of IT vendors to provide fully resilient solutions.</li> </ul>	<p>Preventive:</p> <ul style="list-style-type: none"> <li>Emergency Preparedness, Resilience and Response (EPRR) Board - chaired by AEO, meets quarterly to review (3 year) work plan, which includes include IM&amp;T resilience work, with representative from all CMGs and corporate services.</li> <li>EPRR Policy &amp; Incident response plans on Insite, in date.</li> <li>Cyber security measures in place including monitoring of threats via NHS Digital CareCert, vulnerability scanning &amp; anti-virus/anti malware tools, Monthly Cyber Security Board, IG toolkit, IG Steering Group and GDPR plan, regular penetration testing and close working relationship with IM&amp;T managed business partner, recognised corporate risk around human factors/behaviours with actions to raise awareness via comms campaigns.</li> </ul> <p>Detective:</p> <ul style="list-style-type: none"> <li>PwC Audit of EPRR &amp; IM&amp;T Disaster Recovery (April/May 2019) – report confirms:                             <ul style="list-style-type: none"> <li>EPRR: the plan contains the activities necessary to make the Trust compliant.</li> <li>Good practice around disaster recovery identified in PwC Audit (May 2019).</li> </ul> </li> <li>NHSE Core Standards self-assessment – partially compliant (2018/19).</li> <li>EPRR and IM&amp;T infrastructure risks uploaded onto the Datix risk register.</li> <li>Regular independent penetration testing and cyber security audits.</li> </ul> <p>Corrective:</p> <ul style="list-style-type: none"> <li>Business Continuity Plans (recognised as a gap at present because some are incomplete).</li> </ul>				<ol style="list-style-type: none"> <li>Business Continuity Plans incomplete and not tested.</li> <li>Critical applications not fully redundant by design.</li> <li>Risks around server infrastructure dependent on execution of IM&amp;T data centre strategy and move away from dependency on LRI Kensington data centre.</li> <li>Responsibility for critical on site data centre environmental factors (power/cooling/fire suppression) requires clarification and investment.</li> <li>Information Governance plan for implementation of GDPR analysis by Internal Auditors identified gaps with regard to the new regulation commenced in May 2018.</li> <li>Cyber security risk from PC estate dependent on the completion of the eEquip hardware refresh programme.</li> <li>Cyber security audits to be undertaken.</li> </ol>				<ol style="list-style-type: none"> <li>Business Continuity policy to be developed to include BIA process for CMGs / depts. to follow to develop Business Continuity Plans.</li> <li>With IM&amp;T vendors, develop redundant architecture for critical applications.</li> <li>Undertake Corporate Records Audit and developing info Asset Register (IAR).</li> <li>Rollout of the eEquip hardware refresh programme.</li> <li>Publish and progress data centre strategy including improved redundancy via cloud hosting options.</li> <li>A) Agree responsibility for investment/maintenance of critical environmental factors and remediate. B) Identify alternative mechanisms to fund IT infrastructure investment given scarcity of capital funding.</li> <li>Independent cyber security audit action plans with mitigating actions created and reviewed via IT Cyber Security Board. Consolidated plan to be taken through audit committee.</li> </ol>		EPO.  CIO  HOP  CIO  CIO / DEF  CFO / CIO  CFO / CIO  CIO	Dec 2019  Mar 2020  Mar 2020  Feb 2020  Dec 2019  Nov 2019  Dec 2019  Nov 2019



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Review date:	Aug 2019	Executive lead(s):	DEF / CFO (/N Topham)	Lead Executive Board:	ESB	Lead TB sub-committee & date reviewed:	TB					
Strategic Objective	Becoming the Best - Delivering caring at its best to every patient, every time											
PR Event (PR7)	Failure to progress the Trust's site investment and reconfiguration plans											
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)
BAF rating (L x I)	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16							
Target rating (L x I)			4 x 4 = 16			4 x 4 = 16			4 x 4 = 16			3 x 4 = 12
Rationale for score:	The score remains at 16 whilst there is uncertainty of when national capital will be available or process for accessing it. Possible indication in Spring 2020 which will hopefully reduce the score to 12 if there is an indication we are successful. Mitigations will help some services e.g. neonates and maternity, but not resolve the risk in other areas such as ICU at the LRI.											
Key threats / opportunities	Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice				Gaps in control / assurance				Actions		Lead	Due Date
<ul style="list-style-type: none"> <li>Lack of capital money to fund reconfiguration plans resulting in unsustainable clinical services, some with increasing clinical risk, split across 3 sites for an indefinite period</li> </ul>	<p>Preventive:</p> <ul style="list-style-type: none"> <li>Pre Consultation Business Case supported by the Regional Assurance panel (on 10th October 2018); concluded in March 2019.</li> <li>NHSI are very supportive of our pre-consultation business case and have expressed willingness to support UHL to best position ourselves for when capital becomes available (meeting between CE and CFO and NHSI in May agreed actions to assess whether there is an opportunity to consult before capital is announced).</li> <li>In July UHL updated NHSI about the wave 4 bid to inform the Comprehensive Spending Review.</li> </ul> <p>Corrective:</p> <ul style="list-style-type: none"> <li>Continue to present case as a single programme; however we have identified how the programme could be delivered if funding is allocated per project rather than in its entirety.</li> </ul> <p>Detective:</p> <ul style="list-style-type: none"> <li>Phasing and Clinical Impact of delay reported through ESB to Trust Board with an agreed action plan to mitigate risks.</li> </ul>				<ol style="list-style-type: none"> <li>Not all the clinical risks are adequately articulated and scored at CMG level.</li> <li>Challenge on how to fund the mitigations with a revenue and capital impact: timescales for implementation needed.</li> <li>Controls can only support those areas which have staffing mitigations; the lack of ICU capacity and need especially to improve LRI ICU. This cannot be resolved without capital.</li> <li>Clinical scheme prioritisation impact of reducing availability of CRL to meet the existing building services.</li> <li>Identify alternative sources of funding.</li> </ol>				<ol style="list-style-type: none"> <li>Validate the CMGs' risks on Datix risk register.</li> <li>Work has commenced to develop understanding of capital requirements over next 5 years.</li> <li>Assessment of interim risk mitigations: paper on the risks for neonates, maternity and renal, identifying revenue and capital requirements to be presented to ESB in August and TB in September.</li> <li>Emergency capital bid to NHSI to fund backlog and decontamination.</li> <li>CE and CFO are continuing discussions regarding potential alternative sources of funding.</li> </ol>		CMGs CDs  PT  NT/ JJ & CMGs CDs  NB  JA / PT	Sep 2019  Sep 2019  Sept 2019  Sep 2019  Sep 2019

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<b>Review date:</b>	Aug 2019	<b>Executive lead(s):</b>	CIO	<b>Lead Executive Board:</b>	EIM&T (EQPB)	<b>Lead TB sub-committee &amp; date reviewed:</b>	PPPC					
<b>Strategic Objective</b>	Becoming the Best - Delivering caring at its best to every patient, every time											
<b>PR Event (PR8)</b>	Failure to deliver the e-hospital strategy including the required process and cultural change											
<b>BAF tracker - month</b>	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)
<b>BAF rating (L x I)</b>	4 x 3 = 12	4 x 3 = 12	4 x 3 = 12	4 x 3 = 12	4 x 3 = 12							
<b>Target rating (L x I)</b>			4 x 3 = 12			4 x 3 = 12			4 x 3 = 12			3 x 3 = 9
<b>Rationale for score:</b>	Assuming contract signature for the EPR project in July 2019, risk remains around capacity of the organisation to deliver process and cultural change.											
<b>Key threats / opportunities</b>	<b>Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice</b>				<b>Gaps in control / assurance</b>				<b>Actions</b>		<b>Lead</b>	<b>Due Date</b>
<ul style="list-style-type: none"> <li>Lack of funding for IM&amp;T programme.</li> <li>Failure to progress UHL digital maturity by 2024.</li> <li>IT capability to reduce dependency on paper and associated transformation is reduced or absent.</li> <li>Significant cyber security risks will manifest if sufficient progress is not made to eliminate obsolete and legacy technology from the estate.</li> </ul>	<p>Preventive:</p> <ul style="list-style-type: none"> <li>IM&amp;T project plan capacity and priorities monitored via IM&amp;T Strategy board, Operational Management Group and Exec IM&amp;T board.</li> <li>£1.3m 2018/19 HSLI funding received 30.08.19. 2019/20 and GDE bids in progress.</li> </ul> <p>Corrective:</p> <ul style="list-style-type: none"> <li>IM&amp;T capital programme monitored by CMIC group via risk based investment approach.</li> </ul> <p>Detective:</p> <ul style="list-style-type: none"> <li>Ongoing progress monitored at STP level via the LLR IM&amp;T Strategy Board. UHL CIO and CMIO in attendance and chaired by UHL CEO from July 2019.</li> <li>Cyber security risks captured on trust risk register (Datix).</li> <li>Digital maturity progress reported at eHospital Programme and EIM&amp;T boards and monitored via independent HIMMS audit</li> </ul>				<ol style="list-style-type: none"> <li>Likelihood of access to external funding (HSLI / GDE 19/20) unclear given national pressures on capital.</li> <li>Impact on medical records service if reliance on paper records is not reduced.</li> <li>Risk of data breach as a consequence of reliance on paper/faxes will not be reduced.</li> <li>Failure to progress digital maturity index and improve HIMMS (EMRAM) scoring in line with national policy by 2024 may result in significant external (local and national) scrutiny.</li> <li>IM&amp;T capacity to deliver the eHospital programme to the required pace and quality constrained by size of the UHL team and ability of the IM&amp;T Managed Business Partner (MBP) to support project work.</li> <li>STP priorities may not align with UHL priorities.</li> </ol>				<ol style="list-style-type: none"> <li>Progress applications for available external IM&amp;T capital funds.</li> <li>IM&amp;T and Medical records to record risk around reliance on paper records on CSI risk register.</li> <li>Publish Cyber Security Strategy.</li> <li>Risks and mitigation plans around legacy systems unable to be replaced or delayed (including faxes and paper records) recorded on Datix and reviewed/monitored at eHospital programme board.</li> <li>Deliver 2019/20 eHospital programme milestones.</li> <li>Review whether STP priorities require resources and whether UHL are able to commit in the timeframe required.</li> </ol>		<p>CIO</p> <p>CIO / CSI CD</p> <p>CIO. CMGs</p> <p>CIO</p> <p>CIO</p>	<p>Nov 2019</p> <p>July 2019</p> <p>Mar 2020. Review monthly.</p> <p>Mar 2020</p> <p>Nov 2019</p>
<ul style="list-style-type: none"> <li>Organisation not able to change process and/or culture at sufficient pace to realise the projected benefits of the eHospital programme by 2022.</li> </ul>	<p>Preventive:</p> <ul style="list-style-type: none"> <li>Improvement agent network to be leveraged to identify "IT Champions" throughout the organisation at all levels.</li> <li>Organisational awareness campaign, updates cascaded to staff via CE briefings bimonthly.</li> </ul> <p>Corrective:</p> <ul style="list-style-type: none"> <li>Change management support requirements identified on a project by project basis via the Local Organisational Readiness Assessment (LORA).</li> </ul>				<ol style="list-style-type: none"> <li>Workflow changes and resistance to new ways of working may be encountered limiting benefits realisation and extending project timelines.</li> <li>Alignment of people strategy and eHospital strategy and staff not sufficiently aware of the eHospital programme, its objectives and how it will impact on their role.</li> <li>CMG engagement and ownership of digital transformation, including release of benefits and implementation of new ways of working is insufficient.</li> </ol>				<ol style="list-style-type: none"> <li>Full benefits plan to be defined.</li> <li>Publish comms strategy &amp; engagement plan for eHospital programme including staff engagement sessions.</li> <li>Development of eHospital / people &amp; culture enabling plan.</li> </ol>		<p>HOPP MD</p> <p>CIO / DPOD</p>	<p>Oct 2019</p> <p>Oct 2019</p> <p>Oct 2019</p>

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	<ul style="list-style-type: none"> <li>Conflict around process change managed via eHospital board or Clinical Operational Design Authority (CODA) group by exception.</li> </ul> <p>Detective:</p> <ul style="list-style-type: none"> <li>Benefits and performance tracked at eHospital programme board.</li> <li>Ongoing change issues monitored by IM&amp;T Change &amp; Benefits Lead.</li> </ul>				
<ul style="list-style-type: none"> <li>Lack of implementation resource for eHospital projects due to ability to release clinical staff from front line duties</li> </ul>	<p>Preventive:</p> <ul style="list-style-type: none"> <li>eHospital clinical facilitators and project support officers in place to support front line areas through change elements of eHospital projects.</li> <li>CMIO/CNIO tasked with agreeing safe release of staff from front line duties to support where feasible.</li> </ul> <p>Detective:</p> <ul style="list-style-type: none"> <li>Staffing challenges monitored via project and eHospital programme board meetings.</li> </ul>	<ol style="list-style-type: none"> <li>No resources identified to allow backfill of clinical roles to support process change.</li> <li>Detailed benefits plan for each project is required to ensure resources targeted appropriately.</li> </ol>	<ol style="list-style-type: none"> <li>Implement standard approach to benefits capture and monitoring to aid resource deployment.</li> <li>Ensure programme level approach is coherent and maximises use of available implementation teams across projects.</li> </ol>	<p>HOPP</p> <p>HOPP</p>	<p>Dec 2019</p> <p>Sept 2019</p>

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Review date:	August 2019	Executive lead(s):	CFO	Lead Executive Board:	EQPB	Lead TB sub-committee & date reviewed:	FIC					
Strategic Objective	Becoming the Best - Delivering caring at its best to every patient, every time											
PR Event (PR9)	Failure to meet the financial control total including through improved productivity											
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)
BAF rating (L x I)	3 x 4 = 12	3 x 4 = 12	3 x 4 = 12	3 x 4 = 12	4 x 4 = 16							
Target rating (L x I)			3 x 4 = 12			4 x 4 = 16			2 x 4 = 8			2 x 4 = 8
Rationale for score:	Risk rating increased following deep dive discussion at AC in Sept 2019.											
Key threats / opportunities	Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice				Gaps in control / assurance				Actions		Lead	Due Date
<ul style="list-style-type: none"> <li>Non-delivery of CMG and Corporate Directorate Control Totals including £26m Efficiencies and impact on Long Term Financial Plan for financial sustainability</li> </ul>	<p>Preventive</p> <ul style="list-style-type: none"> <li>Annual and long-term financial model describing a statement of income and expenditure, a statement of long and short term assets and liabilities (including capital expenditure) and a statement of cash flow.</li> <li>Signed-off Control Totals for CMGs and Corporate Departments that are being monitored and managed within the Financial Accountability Framework and Performance Management Framework.</li> <li>CIP Plans that are targeted by theme for CMGs and Corporate Departments with cross-cutting schemes being supported by corporate based resource in addition to local CMG transformation leads.</li> <li>Appropriate level of investment supporting the resolution of the demand/capacity challenges with additional capacity over the winter period.</li> <li>Financial governance and performance monitoring arrangements at Trust Board (FIC), Audit Committee, Executive Meetings (EQPB), CMG PRMs, directorate and CMG service line levels.</li> <li>Cost pressures and service developments minimised and managed through the Revenue and Investment Committee.</li> <li>NHS I performance review meetings including I&amp;E submissions and additional monthly review meetings with NHSI Finance team to review financial position including CIP and assessment of financial risks.</li> <li>Commercial Strategy - to help exploit commercial opportunities available to the Trust and working with NHSI to ensure a consistent and jointly agreed position statement is made with regards the Trust's subsidiary company.</li> <li>Corporate Services review (in line with the requirements of the Carter report).</li> <li>Quality safeguards - to reduce expenditure are subject to Quality Impact Assessment – overseen by the COO, Medical Director, Chief Nurse &amp; CFO.</li> <li>Financial Recovery Board chaired by CEO.</li> <li>Enhanced pay and non-pay controls as approved through the Financial Recovery Board.</li> </ul>				<ol style="list-style-type: none"> <li>The initial plan had a residual planning gap of £7.8m, including assumed delivery of QIPP schemes of £5.4m and unidentified CIP of £1.8m with some schemes red rated.</li> <li> <ol style="list-style-type: none"> <li>Emerging financial risks in CMGs and Estates which are reporting YTD deficits to plan at Month 5 and are indicating a forecast that is a negative variance from their control total.</li> <li>Unfunded and emerging cost pressures driven by lack of access and availability of capital funding (i.e. decontamination, medical equipment and IM&amp;T projects).</li> </ol> </li> <li>LLR system financial challenge and system wide financial solutions required to close this forecast gap.</li> </ol>				<ol style="list-style-type: none"> <li> <ol style="list-style-type: none"> <li>Central Finance team reviewing options to close the gap through recurrent means to be presented to CFO and FRB for review and approval.</li> <li>QIPP working group in place to monitor effectiveness and delivery of QIPP schemes.</li> </ol> </li> <li> <ol style="list-style-type: none"> <li>Financial Recovery plans being devised for those areas at risk to mitigate the financial pressures and operate within the Control Total. Dedicated financially focused Performance Review Meetings with all CMGs for July have taken place with increased scrutiny placed on M4 forecasting.</li> <li>CMG (including E&amp;F) deep dive meetings have taken place with consideration as to which CMGs will be placed into special measures as described within the accountability framework.</li> </ol> </li> <li>System wide financial recovery board in place in conjunction with System Sustainability Group (SSG)</li> </ol>		<p>CFO</p> <p>CFO</p> <p>CFO / COO / CEO</p>	<p>Sept 2019</p> <p>Sept 2019</p> <p>Sept 2019</p>

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				CEO / CFO	Ongoing
<ul style="list-style-type: none"> <li>System imbalance and Commissioner affordability</li> </ul>	<p>Detective:</p> <ul style="list-style-type: none"> <li>Governance structure in place with regular reports around Contract Management Performance with CCGs and Specialised Commissioning.</li> </ul>	<ol style="list-style-type: none"> <li>As at Month 5 there is significant over-performance of Commissioner Contracts.</li> <li>Following the recent settlement of 18/19 contract challenges a full assessment of this for 19/20 requires completion. In addition to new 'in-year' challenges.</li> </ol>	<ol style="list-style-type: none"> <li>Over-performance and contract challenges co-ordinated through central finance and contracting teams.</li> <li>Central finance and contracting team to model the impact of 18/19 challenges with 19/20 and assess the likely impacts of new 'in-year' challenges.</li> </ol>	CFO  CFO	Ongoing  Ongoing
<ul style="list-style-type: none"> <li>Capital constraints impacting on reconfiguration and capital enabling schemes</li> </ul>	<p>Preventive:</p> <ul style="list-style-type: none"> <li>Capital pressures and service developments minimised and managed through Capital Management Investment Committee (CMIC).</li> <li>Capital Budgets in place which are monitored and managed through CMIC.</li> <li>Reduced capital programme in place on the assumption that no external funding is available.</li> </ul> <p>Detective:</p> <ul style="list-style-type: none"> <li>NHS I performance review meetings including capital requirements and additional monthly review meetings with NHSI Finance team incorporating Capital.</li> </ul>	<ol style="list-style-type: none"> <li>Emergency Capital Loan process is defined but likelihood and timeframes for decision making is unknown. Correspondence received from NHSI/E detailing the outcome of the July capital re-submission process.</li> <li>Lack of availability of capital within 2019/20 at a national level placing additional pressure within I&amp;E for temporary or alternative solutions that will be unfunded cost pressures.</li> </ol>	<ol style="list-style-type: none"> <li>Emergency capital loan funding requests are not detailed within the recently received correspondence. Further clarity about the status of these applications has been requested from local NHSI/E colleagues. These applications have now been escalated by CEO to regional NHSI colleagues.</li> <li>Alternative funding options being explored with external/private sector partners to review 'off-balance sheet' options. No alternative solutions have been found other than temporary solutions that require I&amp;E funding.</li> </ol>	CFO  CFO	Sept 2019  Ongoing
<ul style="list-style-type: none"> <li>Availability of cash to support working capital requirements</li> </ul>	<p>Preventive:</p> <ul style="list-style-type: none"> <li>Working capital, capital loan, and internal capital funding arrangements.</li> </ul> <p>Detective:</p> <ul style="list-style-type: none"> <li>Financial governance and cash monitoring arrangements at Trust Board through FIC.</li> </ul>	<ol style="list-style-type: none"> <li>Increased level of stoppages pending payment of outstanding supplier invoices. Significant cash inflows required following the 18/19 contract settlement process with CCGs.</li> </ol>	<ol style="list-style-type: none"> <li>Month 4 Cash Paper presented to FIC outlines the strategic position in relation to cash including an application for increased loans to support working capital requirements. An application for £25m has been submitted.</li> </ol>	CFO	Sept 2019

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<b>Review date:</b>	August 2019	<b>Executive lead(s):</b>	DSC	<b>Lead Executive Board:</b>	ESB	<b>Lead TB sub-committee &amp; date reviewed:</b>	TB					
<b>Strategic Objective</b>	Becoming the Best - Delivering caring at its best to every patient, every time											
<b>PR Event (PR10)</b>	Failure to work with the wider system											
<b>BAF tracker - month</b>	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)
<b>BAF rating (L x I)</b>	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16							
<b>Target rating (L x I)</b>			4 x 4 = 16			4 x 4 = 16			3 x 4 = 12			3 x 4 = 12
<b>Rationale for score:</b>												
<b>Key threats / opportunities</b>	<b>Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice</b>				<b>Gaps in control / assurance</b>				<b>Actions</b>		<b>Lead</b>	<b>Due Date</b>
<ul style="list-style-type: none"> <li>Governance structures across the Trust and the System are not fit to deliver the scale of opportunity.</li> </ul>	Preventative: <ul style="list-style-type: none"> <li>UHL CE is now joint STP lead, with DSC taking a lead role in development of governance in partnership with CCG STP lead.</li> </ul> Detective: <ul style="list-style-type: none"> <li>Internal self-assessment reviews about the efficacy of the controls for this risk have been reported to ESB; Stakeholder meetings; Trust Board sub-committees and have identified gaps in active participation in several related STP work streams – this has been rectified with operations and strategy attendance at key STP meetings.</li> </ul>				1 Review of the LLR STP (ICS Maturity Index) has shown that this risk is not fully mitigated as assurance of efficacy of the partnership working is limited at this point. This tells us that the current governance processes are not yet fit for purpose and will not fully mitigate the risk as presented.				1 A) Revised STP governance to be designed agreed and enacted. 1 B) A Plan to be agreed by System Leadership Team, (SLT) addressing the gaps in the ICS Maturity Index		MW	Oct 2019
<ul style="list-style-type: none"> <li>Multiple CMGs and services now involved in delivery of models of care internally and with external partners.</li> </ul>	Preventative: <ul style="list-style-type: none"> <li>Positive engagement noted in delivery of models of care at CMG level.</li> <li>CMG owned models of care agreed at part of PCBC process.</li> </ul> Detective: <ul style="list-style-type: none"> <li>Regular updates about changes reported at OMG/ESB.</li> </ul>				1 Specific allocated resource is required across the Trust and system to enact the transformation required – this is not in place for all CMGs or all workstreams.				1 Reassess the need once STP workshops have been completed. STP workshops have been deferred until Oct 2019		MW	Oct 2019
<ul style="list-style-type: none"> <li>Active Clinical input and leadership required across key STP work streams such as planned care, urgent care, Integrated Locality teams, and Home First to enable the models of care to put into place.</li> </ul>	Preventative: <ul style="list-style-type: none"> <li>Senior Clinical Cabinet briefed in June 2019 on both the requirements of an ICS model and consulted on how best to engage with clinical colleagues across UHL.</li> <li>System wide workshops agreed with a focus on:                             <ul style="list-style-type: none"> <li>Ensuring all clinical staff are aware of the changes and implications of moving to an ICS contract.</li> <li>Assessing what is required across local and regional networks to enable our models of care to be delivered across the LLR system.</li> </ul> </li> </ul>				1 Risk that sufficient clinical staff will not be released across the system – particularly staff groups such as GP's, therapists, pharmacists etc.				1 Clinical staff to be released to attend workshops scheduled for October. 6 weeks' notice will be provided to ensure clinical attendance.		RV	Oct 2019

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<ul style="list-style-type: none"> <li>System wide PMO including: Project and programme management; Specialist Support e.g. business intelligence, strategic planning; Change Management and Transformation Function not in place and currently the system / commissioner and provider imperatives are misaligned.</li> </ul>	<p>Preventative:</p> <ul style="list-style-type: none"> <li>Newly formed System Sustainability Group in place, with the LLR Planning Operational Group supporting actions from SSG.</li> </ul>	<p>1 There is not yet agreement re: how to 'balance' the system finances whilst also meeting the requirements of our regulators.</p>	<p>1 Balanced plan being worked on and discussed with SSG and regulators.</p>	<p>PT</p>	<p>Sept 2019</p>
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Appendix 1 - 2019/20 Board Assurance Framework – August (FINAL)

Review date:	August 2019	Executive lead(s):	MD / DSC	Lead Executive Board:	ESB	Lead TB sub-committee & date reviewed:	TB					
Strategic Objective	Becoming the Best - Delivering caring at its best to every patient, every time											
PR Event (PR11)	Failure to maintain and enhance research market competitiveness by failing to develop Leicestershire Academic Health Partners											
BAF tracker - month	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
BAF rating (L x I)	3 x 3 = 9	3 x 3 = 9	3 x 3 = 9	3 x 3 = 9	3 x 3 = 9							
Target rating (L x I)			3 x 3 = 9			3 x 3 = 9			3 x 3 = 9			2 x 3 = 6
Rationale for score:	Current ratings based on position with MoU.											
Key threats / opportunities	Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice				Gaps in control / assurance		Actions				Lead	Due Date
<ul style="list-style-type: none"> <li>Need to maintain senior engagement from partners.</li> <li>Need to ensure LAHP Board Meetings are held on schedule.</li> <li>Academic Health Teams now need to be established to deliver partner priority projects.</li> <li>Branding and communications plans are needed.</li> <li>Partners need to deliver the promised financial support for LAHP.</li> <li>NHS clinical teams are busy and service focused, thus academic concerns are often not well integrated into clinical service development plans.</li> <li>UoL academics are often not able to use their expertise to influence health policy and service developments.</li> <li>Time will be needed to support colleagues' LAHP participation.</li> </ul>	<p>Preventive</p> <ul style="list-style-type: none"> <li>LAHP Director appointed.</li> <li>LAHP Board constituted of senior leaders from each partner.</li> <li>The governance arrangements for LAHP are built on the existing bilateral joint UoL/UHL and UoL/LPT Strategy Board meetings, together with the existing close professional relationships and bilateral/trilateral working agreements already in place between the members.</li> <li>Partners have signed a Memorandum of Understanding (MoU) to launch LAHP.</li> <li>LAHP is based on an MoU now signed by all partners.</li> </ul> <p>Detective</p> <ul style="list-style-type: none"> <li>The MoU includes agreed deliverables and other commitments to which the LAHP have now signed up.</li> <li>LAHP Board minutes reported to the 3 partner organisation boards.</li> </ul>				<p>1. A more detailed LAHP business plan for next 5 years is needed.</p>		<p>1 Short Term Deliverables (1-2 years):</p> <ul style="list-style-type: none"> <li>➤ Establish an Operations Group.</li> <li>➤ Establish Academic Health Teams.</li> <li>➤ Appoint a Chief Operating Officer and establish a secretariat for LAHP.</li> <li>➤ Create a business plan for the partnership with key deliverables, timescales and owners.</li> <li>➤ Implement a communications strategy for LAHP.</li> <li>➤ Begin discussions with other stakeholders and potential additional members.</li> <li>➤ Establish relationship with EM Academic Health Services Network to develop commercial/philanthropic opportunities.</li> </ul>				LAHP Director (N Brunskill)	March 2020.



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### BAF Scoring process:

#### ❖ Likelihood of Risk Event - score & example descriptors

1	2	3	4	5
Extremely unlikely	Unlikely	Possible	Likely	Almost certain
Extremely unlikely to happen except in very rare circumstances.  Less than 1 chance in 1,000 (< 0.1% probability). No gaps in control. Well managed.	Unlikely to happen except in specific circumstances.  Between 1 chance in 1,000 & 1 in 100 (0.1 - 1% probability). Some gaps in control; no substantial threats identified.	Likely to happen in a relatively small number of circumstances.  Between 1 chance in 100 & 1 in 10 (1-10% probability). Evidence of potential threats with some gaps in control	Likely to happen in many but not the majority of circumstances.  Between 1 chance in 10 & 1 in 2 (10 - 50% probability). Evidence of substantial threats with some gaps in control.	More likely to happen than not.  Greater than 1 chance in 2 (>50% probability). Evidence of substantial threats with significant gaps in control.

How to assess the likelihood score: The likelihood is a reflection of how likely it is the risk event will occur (with the 'current controls' / 'target actions' in place).

#### ❖ Impact / Consequence score & example descriptors

Risk Sub-type	1	2	3	4	5
	Rare	Minor	Moderate	Major	Extreme
<b>REPUTATION</b> - loss of public confidence / breach of statutory duty / enforcement action - Harm (patient / non-patient - physical/ psychological) - Service disruption	No harm.  Minimal reduction in public, commissioner and regulator confidence  Minor non-compliance with CQC  Negligible disruption – service continues without impact	Minor harm – first aid treatment.  Minor, short term reduction in public, commissioner and regulator confidence.  Single breach of regulatory duty  Temporary service restriction (delays) of <1 day	Moderate harm – semi permanent /medical treatment required.  Significant, medium term reduction in public, commissioner and regulator confidence.  Single breach of regulatory duty with Improvement Notice  Temporary disruption to one or more Services (delays) of >1 day	Severe permanent/long-term harm.  Widespread reduction in public, commissioner and regulator confidence.  Multiple breaches in regulatory duty with subsequent Improvement notices and enforcement action  Prolonged disruption to one or more critical services (delays) of >1 week	Fatalities/ permanent harm or irreversible health effects caused by an event.  Widespread loss of public, commissioner and regulator confidence.  Multiple breaches in regulatory duty with subsequent Special Administration or Suspension of CQC Registration / prosecution  Closure of services / hospital

How to assess the consequence score: The impact / consequence is the effect of the risk event if it was to occur.

#### Principal Risk Owners:

PR1:	COO – Rebecca Brown	PR2:	MD / CN – Andrew Furlong / Carolyn Fox	PR3:	MD / COO – Andrew Furlong / Rebecca Brown
PR4:	CEO – John Adler	PR5:	DPOD – Hazel Wyton	PR6a:	DEF – Darryn Kerr
PR6b:	CIO – Andy Carruthers	PR7:	DEF – Darryn Kerr	PR8:	CIO – Andy Carruthers
PR9:	CFO – Paul Traynor	PR10:	DSC – Mark Wightman	PR11:	MD / DSC – Andrew Furlong / Mark Wightman

Appendix 2 - Risk Register Dashboard (Risks rated 15+) as at 31/08/19

Risk ID	CMG	Specialty	Opened	Review Date	Risk Description	Cause	Effect	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Type
3077	CMG 3 - ESM	Department	04/Aug/17	30/11/2019	If there are delays in the availability of in-patient beds leading to overcrowding in the Emergency Department and an inability to accept new patients from ambulances, then it may result in detrimental impact on quality of delivered care and patient safety within the ED leading to potential harm.	Demand & Capacity	Harm (Patient/Non-patient)	Extreme	Almost certain	20	Advertising to fill existing medical and new SHO gaps. - 30/11/2019  To secure nurse funding for staffing majors ambulatory and a second majors coordinator & recruit to this - 30/11/2019  Look to recruit nursing staff to care for the patients in the corridor rather than having Amvale staff for this. - 30/11/2019	15	CMG Risk
3139	CMG 1 - CHUGGS	Endoscopy	09/Jun/18	30/09/2019	If the ageing and failing decontamination equipment in Endoscopy is not improved / replaced, then it may result in delays and inaccuracies with patient diagnosis or treatment, leading to potential for patient harm, failure to meet national guidelines with diagnostic targets and decontamination and Infection Control requirements, increasing waiting list size and failure to secure JAG approval.	Equipment	Harm (Patient/Non-patient)	Major	Almost certain	20	Building contractors commissioned and work was due to begin in Jan 2019. This has been postponed due to capital being unavailable, seeking private company finance deals. Review 30/09/19  Contractors to be mobilised once planning permission has been received. This has been delayed until Feb 2020. Review 27/02/2020  Approval received for emergency capital funding and Trust Board provide approval to go ahead with build. Review 30/09/2019  Contract to be agreed with mobile unit provider EMS. Review 30/09/2019	4	CMG Risk
2264	CMG 1 - CHUGGS	General Surgery	03/Dec/13	30/09/2019	If an effective solution for the nurse staffing shortages in CHUGGS at LGH and LRI is not found, then it may result in detrimental impact on safety & effectiveness of patient care delivered, leading to potential for patient harm.	Workforce	Harm (Patient/Non-patient)	Major	Almost certain	20	Shifts for all inpatient wards on both sites going to break glass two weeks in advance- 30/09/19  First and second tier agencies to be offered long lines of work for two months in advance, including educational opportunities - 30/09/2019.  Explore opportunities for recruiting to non-nursing roles that will support the nursing workforce, such as Ward Clerks and Pharmacy Technicians. 30/09/2019.  Matrons to work one clinical shift per week. Head of Nursing and Deputy Head of Nursing to work clinical shift with bleep for either LGH or LRI every week. - 30/09/19  Re-focus on Nurse retention - quarterly retention tea parties with Head of Nursing or Deputy Head of Nursing. Participate in the NHSI retention programme and any actions resulting from this - 30/09/19  Follow-up all exit interview invites with leavers or transfers to other Trusts/CMG's - review 30/09/2019	6	CMG Risk
2665	CMG 1 - CHUGGS	General Surgery	03/Jun/15	30/09/2019	If capacity is not increased to meet demand in General Surgery, Gastro and Urology, then it may result in widespread delays with patient diagnosis or treatment leading to potential for patient harm and breach against delivery of national targets	Demand & Capacity	Harm (Patient/Non-patient)	Major	Almost certain	20	Ensure validation is on-going and completed timely - weekly review 30/09/19.  GMs to manage the risk of any 52 week breaches, escalating any potential issues to HoOps early. Review of all available capacity to bring forward any patients at risk of waiting 52 weeks for treatment. Review 30/09/2019  GMs to manage weekly 40+ week wait patients and ensure next steps are in place. Review on-going 30/09/2019  Now working with the Alliance to send routine low risk patients to the community, ideally from source (referral). RSS is in progress for General Surgery and Urology will follow, this is anticipated to reduce referral rates. On-going work in General Surgery with the Alliance PLC to transfer low risk hernia's out to GP and community practices. Likely transfer date to commence from October. Review 30/09/2019  Focus on first appointment waiting times. Review at clinic processes. Review	9	CMG Risk
2621	CMG 1 - CHUGGS	General Surgery	20/10/2015	30/Sep/19	If staffing levels on Ward 22 at LRI are below establishment, then it may result in detrimental impact on safety & effectiveness of patient care delivered, leading to potential for patient harm	Workforce	Harm (Patient/Non-patient)	Major	Almost certain	20	On-going recruitment for RN's & HCAs. International recruitment. Lead t participate in all overseas recruitment and co-ordinating UHL bulk recruitment for CMG - Review 30/09/19  Refresh training needs analysis for all staff on Ward 22 by Clair Gibson - Review 30/09/19  Recruit to Deputy Band 6 vacancies. Review 30/09/2019.  Head of Nursing has developed and discussed action plan for ward 22 recruitment and support from Corporate Nursing and education. Review	6	CMG Risk
1149	CMG 1 - CHUGGS	Oncology	16/04/2009	30/09/2019	If demand for cancer patients' service exceeds capacity, then it may result in widespread delays with patient diagnosis or treatment, leading to potential for patient harm and waiting time target breach	Demand & Capacity	Harm (Patient/Non-patient)	Major	Almost certain	20	Overall performance and issues highlighted to the CMG Board on a monthly basis. Weekly CAB calls to discuss patients on PTL without a next step and any over 90 days. Next review 30/09/2019.  MDT Chairs to support some diagnostic decisions outside of MDT process where appropriate. Review 30/09/2019.  New faster diagnostic standard (FDS) shadow monitoring commenced. Communication process to patients now in place, progress still needed, particularly on UPGI. Review 30/09/2019  Once FDS communication is clarified, work to assess capacity demand gap and appropriate actions to diagnose patients in 28 days. Review 31/10/2019  Oncology capacity gap is affecting waiting times, review of additional support shows a need for additional resource team reviewing options to over recruit at cost pressure. - Review 30/09/2019.  Known Urology capacity gap, review of current back-logs, every week. Additional capacity being sought from Derby. Awaiting NHSE update as to EM regional waiting times. Review 30/09/2019.  Urology theatre staffing plan for robotics required. ITAPS are trying to staff additional lists for August. Some additional capacity has been found which will	9	CMG Risk

Risk ID	Speciality	Opened	Review Date	Risk Description	Cause	Effect	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Type
3354	CMG 2 - RRCV Allergy	06/Dec/18	30/Sep/19	If medical staffing gaps in Allergy Service are not addressed, then it may result in waiting list increases and widespread delays with patient diagnosis or treatment leading to potential for harm and non-compliance of RTT national targets	Workforce	Harm (Patient/Non-patient)	Major	Almost certain	20	Support by Dietician Team to provide additional food allergy capacity; agree templates and implement - 30/09/19  Review the role of the Allergy nurses with a view to seeing if they can take on additional duties - deadline extended to 30/09/19  Information/Summary to be compiled to distribute in the GP newsletter outlining what constitutes an appropriate referral - deadline extended to 30/09/19.	8	CMG Risk
3210	CMG 2 - RRCV Renal Transplant	23/05/2018	30/09/2019	If staffing levels in the Transplant Laboratory were below establishment and the Quality Management System was not appropriately maintained, then it may result in a prolonged disruption to the continuity of the service, leading to service disruption	Workforce	Service disruption	Extreme	Likely	20	Ensure Lab is fully staffed with contingency plans in staff numbers that allows for service delivery despite long term absences/vacancies. Increased work pressures in 2019 have impacted on delivery of clinical service, maintaining on-call rota and maintaining QMS (eg audit schedule affected). Staff resourcing recorded as major finding in UKAS surveillance inspection on 4 April 19 - Ensure Lab is fully staffed with contingency plans in staff numbers that allows for service delivery despite long term absences/vacancies - 20/11/19	4	CMG Risk
3014	CMG 2 - RRCV Renal Transplant	08/May/17	30/09/2019	If there is no fit for purpose Renal Proton Clinical System to collect all information required for reimbursement of dialysis, then it may result in poor impact on the patient experience poor leading to reputational impact	IM&T	Reputation	Major	Almost certain	20	Check with Liz Simons where the data extraction tool work is in the prioritisation schedule - 30/09/19. Review and updated (if necessary) IM&T High level requirements specification for Proton Data Extraction (July 18). Effectively this will warehouse the entire proton database in the UHL database in the UHL data warehouse - 30/09/19.. Obtain refreshed quote from CCL for data extraction tool fee - 30/09/19. Replace proton by developing Business Case - 30/09/19.	9	CMG Risk
3359	CMG 3 - ESM Acute Medicine	27/12/2018	30/09/2019	If ESM CMG do not recruit and retain into the current nursing vacancies within Specialist Medicine, including the extra capacity wards opened, then it may result in widespread delays with patient diagnosis or treatment, leading to potential harm.	Workforce	Harm (Patient/Non-patient)	Extreme	Likely	20	Recruitment of Discharge Co-ordinators to all wards. 01/09/2019.  Work with alladicta in creating a bespoke campaign for recruitment in older peoples wards 1 September 2019  Ongoing recruitment to HCA posts and NA Posts 01/09/2019.  Head of Nursing to meet with Chief Nurse re Workforce and alternative support methods 01/09/2019  Increase matron numbers to support long day working and weekend, also to be able to double up on Bank Holiday to support nursing teams 31/10/2019	9	CMG Risk
3222	CMG 3 - ESM Emergency Department	21/06/2018	31/Oct/19	If a member of the public is violent or aggressive outside or inside ED receptions/waiting rooms, then it may result in a detrimental impact on health, safety & security of staff, patients and visitors leading to harm	Process & Procedures	Harm (Patient/Non-patient)	Extreme	Likely	20	Investigate feasibility of an emergency locking system for the external doors 31/10/2019  Investigate feasibility of an emergency locking system for Majors/Waiting Room doors 31/10/2019  Investigate feasibility of an emergency locking system for Blue Zone/Waiting Room doors 31/10/2019  Internal lockdown procedure to be drafted for ED 31/10/2019  Look at feasibility of installation of button/swipe pad at desk to doors leading to majors and ambulance assessment area to manage traffic in and out of majors 31/10/2019  Installation of static panic alarms approved and awaiting installation 31/10/2019  Option appraisal being completed to determine requirements for a more secure adult reception desk area 31/10/2019	10	CMG Risk
3435	CMG 3 - ESM Neurology	12/Apr/19	30/09/2019	If the current Consultant staffing levels in Neurology are not suitable to meet the level of demand for the service, then it may result in widespread delays with patient diagnosis or treatment leading to harm	Workforce	Harm (Patient/Non-patient)	Major	Almost certain	20	Consultant Recruitment for vacant posts (3.00 WTE) (out to advert for both Locum and Substantive) - Locum due to start check how it is going 30/09/2019  Look at RSS opportunities with Helen Mather and update 30/09/2019  To triage referrals rather than C&B, letter to go to GP and CCG, currently with contracts 20/09/2019	9	CMG Risk
3132	CMG 4 - ITAPS	19/02/2019	30/10/2019	If ITAPS CMG is unsuccessful in controlling expenditure, finding efficiency savings and maximising income, then it may result in non-delivery of the set budget, leading to financial impact, impact on quality and performance outcomes for patients, wellbeing of staff and risk the future sustainability of services provided within the CMG.	Finance	Financial loss (Annual)	Major	Almost certain	20	Challenges on recruitment - in July Medical staff recruited 3 additional locum's and advert out for a further 3 adults locum's and one paed. ICUs with staff waiting to start will be fully recruited to in 3 - 6 months. All areas are focusing on reducing additional pay. Decrease in ICU Bank pay. Theatre remains challenged with high vacancy factor, junior skill mix and use of long line agency to deliver activity - review 30/09/19.  Added 18/06/19 - Exploring coding, income, patient dependency and bed days. HOOP having meeting to review detail - Unable to control emergency flow and average length of stay currently reduced on all 3 sites. Reviewed weekly at the business meeting. review activity and trends monthly with update in	6	CMG Risk
3114	CMG 4 - ITAPS Critical Care	24/10/2017	31/10/2019	If we are unsuccessful in recruiting ITU medical and nursing staff to agreed establishment, then it may result in widespread delays with patient diagnosis or treatment leading to potential for patient harm.	Workforce	Harm (Patient/Non-patient)	Major	Almost certain	20	Review baseline budgets at setting for 2019 - 20 to support increased senior staff opportunities within the ITUs and Theatres - Updated 24/04/19 - discussed at PRM - education pathways defined. Agreed potential relocation packets and possible uplift to skill mix. Establishment review date with Chief Nurse yet to be confirmed. Matrons having one to one budget confirmation against activity with Finance. Updated 18/06/19 - Greatest risk to Theatre workforce is compounded within ODP/Nurse Anaesthetic roles and Specialist scrub and Anaesthetic ODPs for Paediatric Cardiac Surgery. Rolling monthly advert continues & working with W&Cs CMG to hold a joint Recruitment Open Day. Reviewing new ways of working in the Anaesthetic room and as a part of the EMCHC Task and Finish Group we have now developed a workstream to look at workforce planning and different ways of working. Band 4 TAP course has commenced and although a long term project this does lay open further potential solutions in the future to support the workforce and ODP role. Review apprenticeship pathway, being supported by Leics University and Leics College, to ensure everything remains	6	CMG Risk

Risk ID	CMG	Speciality	Opened	Review Date	Risk Description	Cause	Effect	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Type
3200	CMG 4 - ITAPS	Critical Care	18/04/2018	30/09/2019	If the practices, workforce, estate and facilities in LRI ITU are not compliant to current standards and expectations, then it may result in a detrimental impact on safety & effectiveness of patient care delivered by clinical teams to all patients requiring level 2/3 care, leading to potential harm	Workforce	Harm (Patient/Non-patient)	Extreme	Likely	20	Capital support and investment required for unit rebuild - Ongoing - 30 May 2020	10	CMG Risk
3119	CMG 4 - ITAPS	Theatres	04/Oct/17	30/09/2019	If there is a deterioration in our theatre staff vacancies and we are unsuccessful in recruiting ODP's to agreed establishment, then it may result in widespread delays with patient treatment leading to potential for patient harm and service disruption	Workforce	Harm (Patient/Non-patient)	Major	Almost certain	20	Benchmark recruitment and retention practice with other similar Trusts- Review from FourEyes was positive around work already completed. Unable to get direct feedback from local Theatres to UHL but post ONECPD Conference for Theatres held at Salford University we are not an outlier and following this conference and networking we are ahead of the game in relation to some development and retention processes. Focused work will need to now be undertaken following the circulation of the Cultural Audit Action Plan. Updated 21/05/19 - Cultural audit progress reviewed with HoN and DHOOP and Cathy Dickenson from OD. Positive feedback and action plan being monitored closely by the CMG. Reconfiguration Champions and 'Becoming the Best' leads identified across a range of Bands within the CMG. Recruit ODPs - Review	12	CMG Risk
3474	CMG 4 - ITAPS	Theatres	02/Jul/19	31/Oct/2020	If the 8 Endoscopy washer machines based within all 3 theatre departments have a catastrophic failure, caused due to aged and obsolete equipment, then it may result in a prolonged disruption to the continuity of patient care because theatres will be unable to provide cleaned and safe flexible lumened scopes to their patients.	Equipment	Service disruption	Major	Almost certain	20	Mobile unit at LGH and plans for mobile unit at GGH by October 2019. This will be on site for query 2 years and will provide current activity for LGH & GGH with potential to cover LRI - Review in October 2019 (3) Updated 29/08/19 - Awaiting funding from NHSEI. No timescale confirmed as yet for Government. Risk is reviewed Corporately via the Endoscopy User Group with executive sponsor; COO Rebecca Brown. To mitigate risks we have the mobiles units at GGH and LGH.  A business case for a centralised unit was approved at Trust Board in February	4	CMG Risk
3475	CMG 4 - ITAPS	Theatres	04/Jul/19	30/10/2019	If there is no effective maintenance programme in place to improve the operating theatres at the LGH, LRI & GGH sites, including ventilation, and fire safety, then it may result in failure to achieve compliance with required regulations & standards, leading to reputational impact and service disruption.	Environment	Service disruption	Extreme	Likely	20	Updated 25/07/19 - Option appraisal now completed with COO. Financial implications defined but a sper national challenges re revenue and capital the works will not be undertaken until at least next financial year. Mitigation - work escalated and addressed in a timely manner as and when it becomes a priority. 31/01/20 (4) Update 29/08/19 - Paper submitted to COO August 2019 for review. COO will present paper at EQPB September for discussion and sign off depending on financial support. Will update post EQPB meeting.  Roll out of maintenance, refurbishment, equipment and structural changes into	12	CMG Risk
3483	CMG 7 - W&C	Maternity	10/Jul/19	30/09/2019	If the Viewpoint Maternity Scan system is not upgraded to the supported 6.0 version and the archiving solution is not addressed, then it may result in a detrimental impact on quality of delivered care and patient safety with missed fetal anomalies, leading to harm	IM&T	Harm (Patient/Non-patient)	Extreme	Likely	20	Identify IM&T project support - Due 30/09/2019  Further work with the company to support the older software and phase payment for the upgrade system with appropriate archive solutions - Due review 01/03/2020	5	CMG Risk
3023	CMG 7 - W&C	Maternity	18/05/2017	31/12/2019	If the split site Maternity configuration strategy is not enacted, then it may result in a detrimental impact on safety & effectiveness of Maternity services at the LGH site leading to potential harm	Demand & Capacity	Harm (Patient/Non-patient)	Extreme	Likely	20	Implementation of Trust reconfiguration strategy: LGH to LRI site Due 31/12/2019	9	CMG Risk
3083	W&C	Neonatology	06/Sep/17	06/Nov/19	If gaps on the Junior Doctor rota in the Neonatal Units at both the LRI and LGH reach a critical level, then it may result in widespread delays with patient diagnosis or treatment, leading to potential for harm.	Workforce	Harm (Patient/Non-patient)	Extreme	Likely	20	To continue to try and recruit to unfilled gaps - Due 08/04/2020  To provide the service on a single site would dramatically reduce the number of Drs required to maintain the service - Due 01/01/2022	3	CMG Risk
3084	CMG 7 - W&C	Neonatology	06/Sep/17	06/Nov/19	If split site Consultant cover of the Neonatal Units at the LRI and LGH is not addressed, then it may result in widespread delays with patient treatment leading to potential harm and withdrawal of the neonatal service from the LGH site impacting significantly the Maternity Service	Workforce	Harm (Patient/Non-patient)	Extreme	Likely	20	To have a single site service - Due 01/01/2022 Continue to transfer women with pregnancies with a significant risk of complications for the fetus and neonate to the LRI where appropriate due 01/01/2022	5	CMG Risk
3471	CMG 8 - The Alliance		28/06/2019	30/09/2019	If the poor communication with the Alliance and lack of responsiveness to issues on the part of NHSPS does not improve, then it may result in a detrimental impact on quality of delivered care and patient / staff safety leading to harm and reputational impact including non-compliant with national legislation	Environment	Harm (Patient/Non-patient)	Major	Almost certain	20	1.Alliance Manager, General Manager and Head of Nursing to continue to meet with NHSPS on a monthly basis 2. Escalate concerns to UHL Chief Nurse 3.Review wording of contract with NHSPS related to reports and communication requirements 4.JS to present paper to ALB regarding risks presented by NHSPS contract  Meeting to be held with NHSPS who have agreed to set up regular meetings (still to be completed). Paper to go to Sept 2019 ALB - Review 30th September	8	CMG Risk
3270	CMG 8 - The Alliance		29/08/2018	30/09/2019	If the community paediatric service does not transfer to LPT, then this may result in a financial and quality risk to the Alliance (UHL pillar) - The transfer of the Community Paediatric service to LPT has been significantly delayed with uncertainty about when this will happen. If a better way of delivering the service is not agreed then children will experience excessive wait times, delays in diagnosis and a poor quality of service.	Process & Procedures	Financial loss (Annual)	Major	Almost certain	20	Update 30.07.19: CCGs have agreed to invest in reducing the waiting list backlog. Requires LPT to commence recruitment which is now taking place. Additional clinics will then follow. Alliance has been asked to continue delivery of service after 19th September 2019 (notice period). Alliance will do this if the correct staff price is paid. Risk assessment has been presented at EQB. Review September 2019. Annie Traynor	1	CMG Risk
3274	CMG 8 - The Alliance		29/08/2018	30/06/2019	If the Alliance does not deliver the required activity, then income will be insufficient to meet expenditure which will mean that the Alliance will fail to meet financial balance.	Demand & Capacity	Financial loss (Annual)	Extreme	Likely	20	A recovery action plan was tabled and discussed at the Alliance Management Board on 7th August 2018. This requires additional work to provide the necessary assurance that the actions will mitigate the risks. This is attached Update 01/10/2018 Revised financial and activity recovery plan to be discussed at ALB on 2/10/18 by Charlie Carr.  Update: 10.12.18 Performance against FRP is currently favourable. Controls remain in place. C Carr  Update 29.04.19 Alliance came in at a deficit of -£190k at teh end of 2018/19, mainly as a result of income deficit. This was the projected outturn as described in the recovery plan. All partners are aware and received formal communication of this position.	15	CMG Risk

Risk ID	Speciality	Open Date	Review Date	Risk Description	Cause	Effect	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Type
3090	CMG 3 - The Alliance	21/09/2017	30/09/2019	If the poor condition of the estate at the Hinkley and District Hospital is not rectified, this will hinder the delivery of activity and stop developments and transformation of care in line with the STP	Environment	Harm (Patient/Non-patient)	Extreme	Likely	20	Update 07.08.19: Continuing to work with project group around finalising the plans for the move. No further update Review Sept 2019. Judith Spiers	5	CMG Risk
3143	Estates & Facilities	11/Jun/18	31/12/2019	If sufficient capital funding is not committed to reduce backlog maintenance across the estate and infrastructure, then it may result in a prolonged disturbance to the continuity of core services across the Trust leading to potential service disruption and patient harm	Finance	Service disruption	Major	Almost certain	20	Develop a five-year backlog maintenance reduction programme and gain Trust Board backing and commitment - Nigel Bond 30/12/19.	6	Corporate Risk
3437	Estates & Facilities	18/04/2019	30/09/2019	If there is a lack of investment to procure new, and maintain existing, medical equipment, then it may result in a prolonged downtime to the continuity of core clinical services across the Trust due to equipment failure, leading to service disruption, potential for harm and adverse reputation	Finance	Harm (Patient/Non-patient)	Major	Almost certain	20	Use capital allocation to replace equipment that has reached obsolescence - 31/03/2020  Identify alternative funds where possible; revenue/charity/leasing - 31/03/2020	12	Corporate Risk
3226	Finance	29/06/2018	31/03/2020	If we overspend on non-pay, then it may result in us exceeding our annual budget plan, leading to financial and reputational impact	Finance	Financial loss (Annual)	Extreme	Likely	20	Escalation and financial recovery actions enacted as defined within the accountability framework that include a full review of limits of approval and the appropriateness of those approval levels - review 31/03/2020	10	Corporate Risk
3511	Human Resources	30/08/2019	31/10/2019	If Senior Medics and Nurses reduce their hours, decide not to undertake additional work or leadership positions, or take early retirement, caused by HM Revenue & Customs pension changes to life time and annual allowances, then it may result in significant operational difficulties in delivery of patient care and delays with patient diagnosis and treatment, leading to potential harm and prolonged service disruption	Process & Procedures	Harm (Patient/Non-patient)	Major	Almost certain	20	Tolerated risk - noting that the target score would be reduced when guidance had been received. Await government consultation on new pension flexibility expected to run until Oct 2019 and may lead to changes from April 2020. DPOD to prepare briefing paper to be presented to Exec planning meeting to outline corrective actions to mitigate the level of risk - until this paper and corrective actions have been agreed the target rating cannot be reduced - Oct 2019.  Director of People and OD to arrange appropriate staff briefing sessions in Sept / Oct to be provided explaining how the changes may affect individuals - 31/10/19	20	Corporate Risk
3148	Corporate Nursing	12/Jan/18	30/11/2019	If the Trust does not recruit the appropriate nursing staff with the right skills in the right numbers, then it may result in detrimental impact on safety & effectiveness of patient care delivered leading to potential harm and poor patient experience	Workforce	Harm (Patient/Non-patient)	Major	Almost certain	20	Increased international recruitment-twinning with support from the CMGs to facilitate the education and training of these nurses. International recruitment of non EU staff - review monthly and deadline has been extended until Nov 2019	12	Corporate Risk
2404	Physiology Nursing	19/08/2014	30/09/2019	If the processes for identifying patients with a centrally placed vascular access (CVAD) device within the trust are not robust, then it may result in widespread delays with patient diagnosis or treatment leading to potential harm and increased morbidity and mortality.	Process & Procedures	Harm (Patient/Non-patient)	Major	Almost certain	20	Support the recommendations of the Vascular Access Group action plans to reduce the risk of harm to patients and improve compliance with legislation and UHL policies - review 30/09/19	4	Corporate Risk
3298	Corporate Nursing	28/08/2018	30/09/2019	If there are ward and bay closures during the outbreak of Carbapenem-resistant Organisms (CRO), then it may result in widespread delays with patient transfer of care/ flow for emergency admissions leading to potential harm, adverse reputation and service delivery impact.	Demand & Capacity	Harm (Patient/Non-patient)	Extreme	Likely	20	Undertake enhanced screening programme of all Medical Wards - 30/09/19  Additional financial resource for the laboratory to undertake additional screening required has been completed for a 3 month trial period which commenced on the 1st July 2019 however due to operational flow and capacity concerns the Medical Unit at the LRI is not yet part of this process. This requires review and reconsideration by the Chief Operating Officer - 30/09/19  Review of UHL CRO Policy - 30/09/19 Standard Operating Procedure for the effective closure and decontamination of any identified ward areas to be produced by the Senior IPN Facilities in conjunction with Facilities colleagues- 30/09/19	5	Corporate Risk
3485	CMG 1 - CHUGSS	17/07/2019	30/09/2019	If the specialist Palliative Care Team staffing levels are below establishment, caused due to staff vacancies and service resources, then it may result in a detrimental impact for palliative and end of life care patients, leading to poor experience and harm	Workforce	Harm (Patient/Non-patient)	Major	Likely	16	Business case in development for additional resources - review 30/09/19  Communication to service regarding referrals, time to response and appropriate referrals - review 30/09/19  Communication with Cancer Centre re: potential for reduced cover - Review 30/09/19  Agree criteria/staffing level for stopping/starting weekend face-to-face palliative care service - review 30/09/19  Revised referral forms on ICE - review 30/09/19  Agreement re: locum consultant posts and payment - review 30/09/19	12	CMG Risk
3280	CMG 1 - CHUGSS	22/08/2018	30/09/2019	If medical patients are routinely outlied into the Surgical Assessment Unit at LRI along with surgical admissions and triage, then it may result in widespread delays with surgical patients not being seen in a timely manner therefore not getting pain relief or appropriate treatment in the right place, leading to potential for patient harm and impact on surgical flow.	Demand & Capacity	Harm (Patient/Non-patient)	Major	Likely	16	All patients admitted or transferred into SAU to be screened for MRSA and topical treatment started - Review 30/09/2019  Nursing SAU action plan to be produced by Jenny Carlin, Deputy Head of Nursing - review 30/09/2019  Continued focus on recruitment and retention, bulk recruitment, overseas	6	CMG Risk

Risk ID	Speciality	Opened	Review Date	Risk Description	Cause	Effect	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Type	
3300	CMG 1 - CHUGGS	Haematology	11/Sep/18	30/09/2019	If staffing levels in the Haemophilia Centre are below establishment, then it may result in widespread delays with patient diagnosis (breaching the 17 week wait for new appointments) or treatment of patients with life-long bleeding disorders, leading to potential for patient harm	Workforce	Harm (Patient/Non-patient)	Major	Likely	16	Employment of Dr Mensah for two days a week - 30/09/19 Dr Webster to cover H&T Monday to Friday - 30/09/19 Dr Bhuller to provide paediatric haemophilia cover - 30/09/19 Wards to refer complex anti-coagulation patients to inreach team to allow early recognition of patients requiring H&T consultant input - 30/09/19 H&T consultant post to be re-advertised - 30/09/19 WLI clinics to manage backlog - 30/09/19	12	CMG Risk
3352	CMG 1 - CHUGGS	Haematology	30/09/2019	30/11/2018	If staffing levels in Haematology service are below establishment then it then it may result in widespread delays for patients requiring operations who have bleeding or thrombotic problems leading to patient harm.	Workforce	Harm (Patient/Non-patient)	Major	Likely	16	Employment of Dr Mensah has been extended - review 30/09/19 Wards to refer complex anti-coagulation patients to in-reach team to allow early recognition of patients requiring H&T consultant input. In-reach service is still developing, currently the Trust is using the Haematology SpR emergency phone heavily in this area - review 30/09/19 WLI clinics to manage backlog. This may be required until substantive post is appointed to. Waiting lists are being actively managed and ad hoc clinics may still be required to meet RRT - review 30/09/19 A new substantive consultant will hopefully be starting in July - Review 30/09/19	12	CMG Risk
3413	CMG 2 - RRCV	Respiratory Medicine	07/Mar/19	30/Sep/19	If nurse staffing levels are below establishment and availability of appropriate monitoring equipment is not increased to care for patients requiring acute NIV, then it may result in delays with patient diagnosis or treatment and failure to achieve compliance national recommended guidance, leading to potential harm and increased length of stay for patients requiring NIV	Workforce	Harm (Patient/Non-patient)	Major	Likely	16	To submit a case of need for increased staffing and to ensure that acuity data is recorded accurately to support this case of need - Finance team to confirm if funding source available - 30.9.19	12	CMG Risk
3109	CMG 2 - RRCV	Respiratory Medicine	28/11/2017	30/Jun/20	If additional capacity, resource and support are not provided for the Respiratory Consultant Pharmacist, then it may result in widespread delays with patient diagnosis or treatment, leading to potential for patient harm and service disruption	Workforce	Harm (Patient/Non-patient)	Major	Likely	16	Appointment of Consultant Pharmacist job plan to create and release specialist activity - 31/12/19	8	CMG Risk
3233	CMG 2 - RRCV	Vascular Services	06/Jul/18	30/09/2019	If VSU diagnostic ultrasound images and reports are not made available on the UHL PACS & CRIS systems, then it may result in widespread delays with patient diagnosis or treatment due to the difficulties associated with not being able to access the relevant patient VSU diagnostic ultrasound images and reports, leading to harm.	IM&T	Harm (Patient/Non-patient)	Major	Likely	16	Add VSU to the existing UHL PACS & CRIS - awaiting IT allocation of resources - 30.9.19 Jo walker to ask im&t to set up a back up server, investigating a possibility - 30.9.19 To begin image audit once PACS available - 30.9.19 To present VSU images in vasc MDT once PACS available -30.9.19	4	CMG Risk
3430	CMG 3 - ESM	Medicine	01/Apr/19	30/09/2019	If the rapid flow policy is not followed to rapid flow patients into medicine, then it may result in a detrimental effect on the delivery of patient care and patient safety leading to a potential for harm and adverse reputation.	Process & Procedures	Harm (Patient/Non-patient)	Major	Likely	16	Policy to be shared by Julie Dixon and Kerry Johnson to all emergency floor staff 30/09/2019	12	CMG Risk
3025	CMG 3 - ESM	Emergency Department	30/11/2017	30/05/2017	If staffing levels are below establishment and issues with nursing skill mix across Emergency Medicine, then it may result in widespread delays in assessment and in initial treatment/care leading to potential harm.	Workforce	Harm (Patient/Non-patient)	Major	Likely	16	Recruit MHRN to EDU 31/10/2019 Use social media in recruitment drives 30/11/2019 Establish own EM recruitment for HCA's 30/09/2019 Complete business case for majors ambulatory staffing 30/11/2019	4	CMG Risk
3202	CMG 3 - ESM	Emergency Department	25/04/2018	31/10/2019	If there are shortfalls or gaps in medical staffing of the Emergency Department, including EDU, then it may result in widespread delays in patients being seen and treated leading to potential harm.	Workforce	Harm (Patient/Non-patient)	Major	Likely	16	Ongoing recruitment to meet demand at all grades - Dr Vivek Pillai & Dr Rachel Rowlands Due - 2 Feb 2020 Establishment of a CESR programme to attract experienced EM doctors to train in Leicester - Dr Vivek Pillai Due - 2 Feb 2020 Encourage the development of EM sub-specialty interests to attract consultants and trainees - Dr Vivek Pillai & DR Rachel Rowlands Due - 2 Feb 2020 Business case for increased consultant numbers is being formulated - 31/10/2019	8	CMG Risk
2388	CMG 3 - ESM	Department	29/10/2014	30/09/2019	If Mental Health patients are waiting in the ED & EDU for prolonged periods of time, for further specialist MH assessment and admission to MH beds, then it may result in detrimental impact on safety & effectiveness of patient care delivered leading to potential harm.	Process & Procedures	Harm (Patient/Non-patient)	Major	Likely	16	Recruitment of Mental Health HCA's (30/09/2019) Recruitment of mental health RN's or Dual qualified RN's (30/09/2019) Adult MH SOP to be updated to reflect the process change (30/09/2019) Bid to NHS England around Core 24 to UHL in process at present with LPT. Funding will start April 2020 (30/09/2019)	6	CMG Risk



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3198	CMG 3 - ESM	12/Apr/18	30/09/2019	If there is a failure to administer insulin safely and monitor blood glucose levels accurately, in accordance with any prescriber's instructions and at suitable times, then it may result in detrimental impact on safety & effectiveness of patient care delivered, leading to potential harm with patients not having their diabetes appropriately monitored/managed	Process & Procedures	Harm (Patient/Non-patient)	Major	Likely	16	<p>Insulin prescriptions must be reviewed on ward rounds by medical staff. This will include a 'confirm / challenge' process to ascertain reasons for omissions in the administration of insulin - 30/09/2019</p> <p>Prescribed 'PRN' insulin that has not been administered when clinically indicated with no documented explanation will be reported on DATIX - 30/09/2019</p> <p>Affirmation from HoNs that all CBG readings are being manually entered onto both the green insulin chart and eObs - 30/09/2019</p> <p>Heads of Nursing to ensure inclusion of Clinical Decision Support Tool within Green Insulin Prescription Chart / patient folders is maintained - 30/09/2019</p> <p>Review of specialist workforce to ensure that needs of the service can be met - 30/09/2019</p> <p>Work with teams to help put into place metered blood glucose monitoring systems when released. 30/09/2019</p> <p>Create a "lead" DSN post to support and lead on diabetes for the Trust and LDC 30/09/2019</p>	4	CMG Risk
3509	CMG 5 - MSK & SS	28/08/2019	30/11/2019	If ENT's H&N Consultant Posts are not recruited in to, then it may result in delay to Cancer Patient Pathways and Treatment, leading to potential for harm and 62 Day Cancer Breaches to the Trust	Workforce	Service disruption	Major	Likely	16	<p>Recruitment of Substantive H&amp;N Posts x 2 - 30/11/19</p> <p>Recruitment of Locum H&amp;N Posts x 2 - 30/11/19</p> <p>Support from surrounding Trusts - 30/11/19</p> <p>Support from existing Consultants - 30/11/19</p>	9	CMG Risk
3508	SS	28/08/2019	30/11/2019	If the critical SHO vacancy gaps in Max Fax are not recruited into, then it may result in widespread delays with patient diagnosis and treatment, leading to potentially significant harm to patients	Workforce	Harm (Patient/Non-patient)	Major	Likely	16	<p>All shifts put out to Bank &amp; Agency - 30/11/19</p> <p>Both SHO &amp; Mid Grades Posts out to advert - 30/11/19</p> <p>Internal backfill has been offered to current staff - 30/11/19</p>	12	CMG Risk
2989	CMG 5 - MSK & SS	02/Oct/17	31/10/2019	If Trauma and Orthopaedics nurse staffing levels are below establishment, then it may result in a detrimental impact on safety & effectiveness of patient care delivered leading to potential harm	Workforce	Harm (Patient/Non-patient)	Major	Likely	16	<p>Band 5 and Band 2 vacancies declared for the monthly Trust recruitment process (international/ national / clearing house) including supporting staff on the nurse associate programme - Review progress in Oct 2019.</p> <p>1 ward to remain closed at LGH until nurse recruitment is more robust - Review in Oct 2019</p> <p>Trauma bespoke rolling advert / skype interviews - Review progress in Oct 2019</p>	4	CMG Risk
3341	CMG 5 - MSK & SS	22/11/2018	30/09/2019	If there is a lack of theatre time and lack of acknowledgement of urgency for getting NoF patients operated on, then it may result in widespread delays with patient treatment, leading to harm (mortality and morbidity) with patient outcome compromised the longer they await theatre.	Demand & Capacity	Harm (Patient/Non-patient)	Major	Likely	16	<p>Job planning for Trauma surgeons to ensure that there is an all day Consultant surgeon in Theatre 3 every day - 30/09/19</p> <p>Review radiography cover to support all day lists including the extended day - 30/09/19</p> <p>Greater Orthogeriatric cover for Trauma wards seven days per week - 30/09/19</p> <p>Job planning for Trauma anaesthetists to ensure that there is an all day Consultant anaesthetist in Theatre 3 every day - 30/09/19</p>	8	CMG Risk
3482	CMG 6 - CSI	09/Jul/19	30/09/2019	If there is a lack of investment to procure replacement, and maintain existing, medical equipment, then it may result in a prolonged downtime to the continuity of core clinical services across the Trust due to equipment failure, leading to service disruption, potential for harm and adverse reputation	Finance	Service disruption	Major	Likely	16	<p>Use intelligence from Althea to prioritise equipment replacements - 31/3/20</p> <p>Investigate potential alternative funding options - 31/3/20</p> <p>Re-profile the investment Programme - 7/12/19</p>	12	CMG Risk
3129	CMG 6 - CSI	19/12/2017	15/10/2019	If a 100% traceability (end fate) of blood components is not determined, then it may result in widespread delays with providing blood and blood components for patient treatment, leading to potential patient harm, and breach of legal requirements (BSQR 2005 requirement of 100% traceability will not be met).	Process & Procedures	Harm (Patient/Non-patient)	Major	Likely	16	<p>3 Monthly traceability report to MHRA until non conformance is lifted :Dec 2019.</p> <p>Update A.Ghattaoraya 05.08.2019: No change to current position and process: Reports sent to CSI assurance, NET and EQB. Clinical area are proving traceability evidence of any outstanding units. Next MHRA report due ins September.</p>	4	CMG Risk
3205	CMG 6 - CSI	20/08/2018	31/10/2019	If the breast screening round length is not reduced, then it may result in widespread delays with patients three yearly breast screening appointments, leading to patient harm (impacting early cancer diagnosis), and breach of PHE performance indicators.	Workforce	Harm (Patient/Non-patient)	Major	Likely	16	<p>GH BCC expansion plans - Trust Support Required - work is on-going including the development of a feasibility study - Review 01 Apr 20</p>	8	CMG Risk
3497	CS1	13/08/2019	30/09/2019	If Calea UK are unable to provide home parenteral nutrition services to patients under the care of UHL, caused by reduction in compounding capacity at Calea UK, then it may result in delays with patient treatment, leading to potential harm	Demand & Capacity	Harm (Patient/Non-patient)	Major	Likely	16	<p>Tolerated risk - All corrective controls described in place including contingency plans to deal with short-term issues - daily monitoring of the situation.</p>	16	CMG Risk

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3206	CMG 6 - CSI	Pathology	15/09/2019	If staff are not appropriately trained on the usage of POC medical device equipment, then it may result in detrimental impact on safety & effectiveness of patient care delivered with inaccurate diagnostic test results, leading to potential harm to the patient.	Equipment	Harm (Patient/Non-patient)	Major	Likely	16	Develop a training robust training programme; provide and promote training during clinical education days - Apr 2020  Business planning to recruit support POCT resource for training BMS etc - Apr 2020  Update by J.Dhillon 10.06.2019: RIC approved additional posts x 2 band 6 x 0.5 band 4 ,POCT Champions for all devices have been appointed in clinical areas working closely with the POCT Team. A training need analysis to be completed due to resource constraints. The development of a training programme and annual competency fair extended until April 2020. The POCT	6	CMG Risk
3286	CMG 6 - CSI	Pathology - Immunology	15/10/2019	If Consultant Immunologist staffing levels are below establishment, then it may result in widespread delays with acute leukaemia patient's diagnosis or treatment, leading to potential for patient harm and failure in meeting key performance indicators for urgent blood cancer diagnostic testing	Workforce	Harm (Patient/Non-patient)	Major	Likely	16	Advertise and recruit to consultant clinical scientist post Oct 2019; Advertise and recruit replacement consultant post Oct 2019. Dr Michael Browning update 5.07.2019: Advertise and recruit to consultant clinical scientist post Oct 2019; Advertise and recruit replacement consultant post Oct 2019.: Interdependencies on staffing levels as updated risk 3414 . Key points are: Consultant post have been re-advertised; Interview for Consultant Clinical Scientist post scheduled; Explore potential part time cover with retiring consultant. Succession planning in place to support local Registrar application processes for consultant posts (posts held). Retiring Consultant to cover part time ; Other Consultant to cover remotely if possible, still to be explored. Flow reporting more robust. Referral clinics closed or rerouted.	6	CMG Risk
3329	CMG 6 - CSI	Pharmacy	30/09/2019	If Pharmacy Technician and Pharmacist staffing levels are below establishment, then it may result in prolonged disruption to the continuity of core services across the Trust leading to service disruption	Workforce	Service disruption	Major	Likely	16	Vacant/new post skill mix review; enhanced scrutiny of new posts - ongoing, next review 30/09/2019  Develop UHL Advanced Pharmacy Practitioner and Consultant Pharmacist roles - 30/09/2019  Agree phased transition of staff into roles to balance risks across services - ongoing, next review 30/09/2019  Review and scrutinise need for secondments or fixed term posts - 30/09/2019  Over establish at B6 and B7 level at key times of the year (recruitment peaks) to flatten vacancy rates and support retention - 30/09/19  Support all pharmacists to become IPs - 30/09/19	8	CMG Risk
3335	CMG 6 - CSI	Pharmacy	30/09/2019	If Pharmaceutical products stored in Windsor Pharmacy are contaminated due to the current pest control issues, then it may result in widespread delays with patient treatment due to unavailability of pharmaceutical products, leading to potential for patient harm; or contaminated product may be supplied to patients	Environment	Harm (Patient/Non-patient)	Major	Likely	16	Move stock into temporary stores extensions - risk to be closed once completed delayed as dependent on new works (e.g. electrical sockets to allow movement of fridges to free space for fluids) - 30/09/2019	4	CMG Risk
3481	CMG 7 - W&C	Pharmacy	30/09/2019	If the trust is delayed in paying its suppliers for essential supplies, then it may result in a prolonged disruption to the continuity of core services across the Trust due to companies increasingly putting UHL on hold, leading to service disruption	Finance	Service disruption	Major	Likely	16	Ensure Trust finances allow for prompt payment of invoices - 31/03/2020	4	CMG Risk
3008	CMG 7 - W&C	Service	30/10/2019	If the paediatric retrieval and repatriation teams are delayed mobilising to critically ill children due to inadequately commissioned & funded provision of a dedicated ambulance service, then it may result in significant delay in reaching the patient and treatment from the specialist team commencing, leading to potential harm, failure to meet NHS England standards, and inability to free-up PICU capacity.	Process & Procedures	Harm (Patient/Non-patient)	Major	Likely	16	EMPTS working with EMAS and NHSE to develop a solution due 30/10/2019	5	CMG Risk
2153	CMG 7 - W&C	Paediatrics	31/12/2019	If the high number of vacancies of qualified nurses working in the Children's Hospital is below establishment, then it may result in widespread delays with patient diagnosis or treatment leading to potential harm.	Workforce	Harm (Patient/Non-patient)	Major	Likely	16	Continue actively recruiting to all grades of nursing staff Due 31/12/2019 Undertake nurse recruitment open days for all areas Due 31/12/2019 Support & develop the new Band 6 post holders using as an experience a skilled Band 7 working beside them. Bleep holder study days to provide training & support to staff due 31/12/2019 Offer rotational posts for registered and newly qualified staff to increase attractiveness to staff and reduce burnout of working within one area due 31/12/2019 Ensure exit interviews of all staff to gain an understanding of reasons for leaving	8	CMG Risk
3489	CMG 8 - The Alliance		31/08/2019	If staff on the reception desks at all Alliance sites are not given a means to summons help and some form of protection, then it may result in a detrimental impact on health, safety & security of receptionist staff, leading to harm.	Environment	Harm (Patient/Non-patient)	Major	Likely	16	1. Installation of panic alarms in reception areas at Loughborough, Melton, Rutland, St Lukes Endoscopy and Outpatients and Hinckley 2. Review policy and action card to support panic alarm use at Coalville 3. Implementation of policy and action cards at other sites to manage current emergency process where there are no panic alarms installed 4. Policy to support actions to take when alarms are installed 5. Consideration of other security measures at each site such as screens, secure lock down areas	8	CMG Risk



Risk ID	Speciality	Opened	Review Date	Risk Description	Cause	Effect	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Type
3217	CMG 8 - The Alliance	19/06/2018	30/09/2019	If a solution is not found for flexible endoscope decontamination across all UHL and Alliance units then the organisation will not be compatible with HTM 01-06 or JAG regulations and will not be able to provide a high quality, reliable process for the decontamination of flexible endoscopes / nasendoscopes, to support the endoscopy / ENT service, which could result in lost activity and income, reduced patient satisfaction with the service and patient harm from delayed or cancelled procedures.	Environment	Financial loss (Annual)	Major	Likely	16	1. Business case for decontamination of endoscopes for UHL and Alliance to be taken to Trust Board for sign off 2. Work progressing on Procurement processes in tandem with finalising business case and seeking financial approval 3. Engagement with all key stakeholders through LiA methodology, newsletters and updates 4. Activity forecast being revisited to understand likely growth in activity over next 10 years to include national drivers, age profile and demographic changes. Activity modelling and financial assumptions being completed 5. HR to lead any Management of Change processes required as a result of centralising decontamination at GGH 6. Making good the rooms which house the current decontamination suites to be included in the Business Case 7. Organise JAG consultation to ensure that the flow in the newly refurbished rooms meets JAG requirements in terms of clean to dirty flow.  Update 7.8.19: iHEEM audits completed in July 2019 - awaiting results. JS and CC continue to represent the Alliance on the decontamination project board. All controls remain in place.	8	CMG Risk
3029	CMG 8 - The Alliance	12/Jun/17	30/09/2019	If patients taking DMARDS are not seen in a timely manner and have their blood results interpreted and appropriate actions related to results taken, then it may result in a risk of increasing health complications due to DMARDS toxicity, and a risk to the clinician prescribing the drugs, leading to potential harm.	Process & Procedures	Harm (Patient/Non-patient)	Major	Likely	16	Update 20.09.17: Business case has been agreed by senior management team. Piece of work required to ensure that the Alliance version of DAWN is compatible with / links with the UHL version of DAWN. IT project lead has this as a high priority on his workstream. Review again 1st December 2017.  Update 7.8.19: CC has had a meeting with Rheumatology HoS - Alliance has agreed to fund some additional PAs. Review Sept 2019. J Spiers	4	CMG Risk
3002	CMG 8 - The Alliance	22/03/2017	31/10/2019	If the lack of compliant ventilation in the decontamination room at Hinckley is not resolved then then new MDS machine cannot be installed resulting in potential loss of activity in event of MDS breakdown. This links to risk number 3090 - Hinckley estate - and 3217 Endoscopy Decontamination project	Environment	Harm (Patient/Non-patient)	Major	Likely	16	New actions August 2017: 1. Option appraisal for solutions for Hinckley. This includes mobile units, fixed units, room within a room or cessation of activity. SSU and Claire Jones-Manning. Review Sept 2017 2. Work with WLCCG project group on the future of healthcare in Hinckley SSU Sept 2017  Update 7.8.19: iHEEM audits completed. Awaiting results. All controls remain in place. Review	1	CMG Risk
3201	CMG 8 - The Alliance	20/06/2018	31/08/2019	If the Mac desktop computers fail/break down or the shared server fails, then it may result in a prolonged disruption to the continuity of photography and/or graphics services across the Trust leading to service disruption.	IM&T	Service disruption	Major	Likely	16	IM&T to migrate data on MAC server to managed SAN network storage. IM&T to support IT if using Win 10 PCs. Medical Illustration to assess this option. IM&T review July 2019. Review 31/08/19	2	Corporate Risk
2237	Medical	07/Oct/13	31/10/2019	If a standardised process for requesting and reporting inpatient and outpatient diagnostic tests is not implemented, then it may result in widespread delays with patient diagnosis and treatment leading to potential harm	IM&T	Harm (Patient/Non-patient)	Major	Likely	16	iLab switch off - date under review - review Oct 2019. Metrics to monitor acknowledgement rates on ICE under development - first draft completed April 2019 and being refined - review Oct 2019. OP electronic requesting process to be made active - review Oct 2019	8	Corporate Risk
3144	Estates & Facilities	10/Jan/18	31/10/2019	If Estates & Facilities are unable to recruit and retain staff, or fund posts to deliver services to meet the Trust's expectations, then it may result in a prolonged disturbance to the continuity of core services across the Trust leading to potential service disruption, patient harm, failure to achieve required standards	Workforce	Service disruption	Major	Likely	16	Configure priority service outputs within the allotted revenue envelope - 31/10/19	12	Corporate Risk
3145	Estates & Facilities	10/Jan/18	30/09/2019	If there is not a significant investment to upgrade electrical infrastructure across the UHL, then it may result in prolonged disturbance to the continuity of core services across the Trust leading to potential service disruption and patient harm	Finance	Service disruption	Major	Likely	16	Develop an infrastructure investment programme to support the service reconfiguration plans and development control plans 30/09/19  Ensure robust loss of electrical supply contingency plans are in place for E&F - Martin Owen 30/09/19  Appoint Authorised persons (Low & High Voltage) - 30/09/19  Highlight the need for additional Capital/Backlog Maintenance investment in state of the nation report 2019	6	Corporate Risk
3140	Estates & Facilities	09/Jan/18	30/09/2019	If sufficient 'downtime' for Planned Preventative Maintenance and corrective maintenance is not scheduled into the theatre annual programmes to maintain specialist ventilation systems, then it may result in detrimental impact on safety & effectiveness of patient care delivered leading to potential harm from microbiological contamination in the theatre environment.	Process & Procedures	Harm (Patient/Non-patient)	Major	Likely	16	Programme Estates Remedial action arising from the annual ventilation validation reports and forward capital works actions to the Capital Team - Estates Regional Managers 30/09/19  Agree a priority list for theatre ventilation Capital investment - Nigel Bond 30/09/19  Agree protected Theatre downtime in the annual Theatre programme across	8	Corporate Risk
3141	Estates & Facilities	10/Jan/18	31/12/2019	If the integrity of fire compartmentation is compromised, then it may result in a detrimental impact on the health and safety of staff, patients and visitors due to fire and/or smoke spread through the building limiting the ability to utilise horizontal and/or vertical evacuation methods leading to potential life safety concerns and loss of areas /hubs / services	Process & Procedures	Harm (Patient/Non-patient)	Major	Likely	16	EF 009 UHL Fire plans to be updated on MICAD - A Middleton 31/12/2019	8	Corporate Risk
3138	Estates & Facilities	09/Jan/18	30/09/2019	If there are insufficient management controls in place to meet Regulation 4 of the Control of Asbestos Regulations (CAR), then it may result in failure to achieve compliance with regulations & standards leading to potential reputational impact, enforcement action by the HSE, and significant financial penalties.	Process & Procedures	Reputation	Major	Likely	16	Asbestos Management Plan to be revised - Michael Blair 31/10/2019  Asbestos Management Policy to be revised - Michael Blair 30/09/2019  New baseline "Management Surveys" to be tendered for and undertaken across UHL - Nigel Bond 31/12/2019	4	Corporate Risk

Risk ID	Specialty	Opened	Review Date	Risk Description	Cause	Effect	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Type
3364	Estates & Facilities	14/02/2019	30/09/2019	If there is no suitable physical security barrier at the Windsor main entrance reception desk, then it may result in a detrimental impact on health, safety & security of receptionist staff, leading to harm.	Environment	Harm (Patient/Non-patient)	Major	Likely	16	CSC Manager to book conflict Resolution training for Reception staff - 31/10/19  CSC Manager & Head of Capital Development to carry out a feasibility study to determine if a physical barrier can be installed at the Reception desk - 31/10/19	8	Corporate Risk
3137	Estates & Facilities	08/Jan/18	30/10/2019	If calls made to the Switchboard via '2222' are not recorded, then it may result in a detrimental impact on health, safety & security of staff, patients and visitors as there is limited evidence of vital/critical information passed verbally between caller and call handler for reported situations leading to potential for harm and reputational impact	IM&T	Harm (Patient/Non-patient)	Major	Likely	16	Software to be integrated with current systems to be able to action from workstation rather than elsewhere in the room - 30/09/2019  Upgrade from existing outdated 'red phones' to an audio recording system - 30/09/2019	4	Corporate Risk
3340	Corporate Nursing	21/12/2018	30/Sep/19	If our IM&T systems under the current contract provider for locum bookers are unable to support fundamental processing, payment, and reporting, then it may result in non-delivery to contractual specification requirements, leading to potential service disruption, financial and reputational impact	IM&T	Service disruption	Major	Likely	16	Contract and performance management through fortnightly performance meeting with supplier with exec oversight - reporting through to Medical Oversight Board - review June 2019  Executive support sought to review contact with 247Time and explore options including reverting back to previous contract provider-Liaison - 30/11/19  Trust Wide Bank staffing review - options appraisal scoping, with specific focusing on medical staff - considers wider implications and models of staffing &	8	Corporate Risk
3180	IM&T	19/02/2018	30/Sep/19	If fragility in the underlying UHL IM&T infrastructure is not addressed, then it may result in limited or no access to Trust IM&T critical systems, leading to potential service disruption and provision of patient care	IM&T	Service disruption	Major	Likely	16	Review risk to identify new actions - 30/09/19	8	Risk
3155	IM&T	30/01/2018	30/Sep/19	If the PABX system fails, then it may result in limited or no access to Trust telephony system for a range of numbers, leading to potential service disruption and provision of patient care	IM&T	Service disruption	Major	Likely	16	Review risk to identify new actions - 30/09/19	8	Risk
2774	Operations	25/01/2016	30/06/2019	If there are delays with dispatching post-consultation outpatient correspondences, then it may result in delays with patient discharge and treatment leading to potential patient harm.	Process & Procedures	Harm (Patient/Non-patient)	Major	Likely	16	Pressure is being put on Dictate-IT to achieve active directory earlier than previously requested. The implementation plan for Dict3 will be based on revised dates for delivery of active directory - review June 2019	8	Risk
3391	CMG 1 - CHUGGS	14/02/2019	30/09/2019	If CHUGGS CMG is unable to operate within the financial envelope this financial year (18/19), then it may result in non-delivery of the set budget, leading to financial impact, impact on quality and performance outcomes for patients, wellbeing of staff and risk the future sustainability of services provided within the CMG.	Finance	Financial loss (Annual)	Moderate	Almost certain	15	Bi-weekly financial meetings with Deputy Director of Finance - on-going - review 30/09/2019  Mitigation / Recovery Plan to be reviewed monthly to assess on-going risk. Pressure point for 19/20 is CIP gap of £1-2m, mitigation plans needed from services to find efficiency schemes. review 30/09/2019  Monitor Pay & non-pay controls, reviewed monthly in HoS meetings and	6	CMG Risk
3211	Cardiology	29/05/2018	30/Nov/19	If additional appropriately trained sedationists are not provided in Angiocardiac suite, then it may result in detrimental impact on safety & effectiveness of patient care delivered with patients undergoing cardiology procedures receiving an inadequate level of monitoring during conscious sedation, leading to potential harm	Workforce	Harm (Patient/Non-patient)	Extreme	Possible	15	Interviews taken place; recruitment process underway review - 30.11.19	8	CMG Risk
3047	Cardiology	13/07/2017	30/Nov/19	If the service provisions for vascular access at GH are not adequately resourced to meet demands, then it may result in patients experiencing significant delays for a PICC, leading to potential harm.	Workforce	Harm (Patient/Non-patient)	Moderate	Almost certain	15	Quality Improvement project underway. 2 meetings taken place. Further meeting end of October 19. Aim of service to provide vascular access service 2 days/week at GH. Whilst recruitment underway, quality improvement measurements commenced. Consent undertaken day before procedure. Management of blood results, identification of priority list - 30.11.19	6	CMG Risk
2804	CMG 3 - ESM	06/May/16	31/10/2019	If the ongoing pressures in medical admissions continue and Specialist Medicine CMG bed base is insufficient with the need to outlie into other specialty/ CMG beds, then it may result in detrimental impact on quality of delivered care and patient safety leading to potential for patient harm	Demand & Capacity	Harm (Patient/Non-patient)	Moderate	Almost certain	15	To reopen separate ward with 15 patients October 2019 and fully open January 2020 - Review 31 Oct 2019.  Continuous monitoring flow and outflow capacity, meet to review 31/10/2019.	12	CMG Risk
3379	CMG 3 - ESM	27/02/2019	30/11/2019	If nursing, medical, AHP and support staffing resources and appropriate equipment resources are not available on the winter extra capacity ward (W7, LRI), then it may result in a detrimental impact on safety & effectiveness of patient care delivered, leading to potential patient harm.	Workforce	Harm (Patient/Non-patient)	Extreme	Possible	15	Continue to review staffing daily 30/11/2019  SOP being drafted to highlight current occupancy levels 30/11/2019  Installation of antiligtature curtains to bay 1,2 and 4 (Approved & waiting to be installed) - 30/11/2019	10	CMG Risk
3452	CMG 3 - ESM	15/05/2019	31/10/2019	If the Trust is unable to staff an admission avoidance service across the Emergency Floor from 1st April 2019, then it may result in widespread delays with patient discharge or transfer of care leading to potential harm	Workforce	Harm (Patient/Non-patient)	Moderate	Almost certain	15	Interviews have been held for both the Emergency Floor Discharge Practitioners and the Discharge Support Assistants. Preferred candidates have been advised. It is anticipated that staff will commence in roles by 31 Oct 2019.	8	CMG Risk
3510	CMG 5 - M&K & SS	28/08/2019	30/11/2019	If the lack of facilities to support single sex accommodation in the Professor Harper trauma clinic. (PHTC) are not addressed, then it may result in Patient Dignity being compromised (single sex breach is a never event), leading to poor experience and reputational impacts	Environment	Reputation	Moderate	Almost certain	15	To use any available space including unused clinic rooms to maintain privacy and dignity - 30/11/19  Develop a business plan to change partially the lay out of some areas in PHTC to enable two areas for same treatment (preferred action) - 30/11/19  Matron to send out message via matron's mailbox to remind staff across UHL to maintain dignity of patients who are presenting to fracture clinic. If a patient is attending in nightwear then a courtesy call to the clinic would be expected -	9	CMG Risk
3453	Maxillofacial & SS	24/05/2019	31/Dec/19	If Max Fax hard drives on the current planning computers used to design and produce bespoke implants & prosthesis & surgical templates for patients with Head and Neck cancer, congenital heart patients and Trauma patients were to malfunction, then it may result in loss of patient information, leading to reputational impact.	IM&T	Reputation	Extreme	Possible	15	Work with IT to ensure system is installed prior to March 2020	4	CMG Risk

Risk ID	Speciality	Opened	Review Date	Risk Description	Cause	Effect	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Type	
3317	CMG 6 - CSI	Imaging - Breast	19/09/2018	31/10/2019	If breast care services staffing levels are below establishment, then it may result in widespread delays with patient diagnosis or treatment, leading to potential for patient harm and failure to consistently deliver the 2WW demand targets	Demand & Capacity	Harm (Patient/Non-patient)	Moderate	Almost certain	15	BCC Expansion - Trust Agreement - due 01/04/20  Triage of 2WW referrals - due 01/08/19 - visiting QMC 13/04/19. Triage form not in place as yet. AG/NH to escalate delays to Andy Currie and Dan Barnes. complete action plan now in place	9	CMG Risk
2615	CMG 6 - CSI	Pathology - Clinical Microbiology	11/Sep/15	15/09/2019	If a critical infrastructure failure was to occur in containment level 3 laboratory facility in Clinical Microbiology, then it may result in a prolonged disruption to the continuity of core services across the Trust, leading to service disruption	Environment	Service disruption	Extreme	Possible	15	Recruitment plans (delayed) completed and ongoing  Planning for refurb/new CL3 completion Oct 2021 Reviewed by B.Dz 09/05/2019:Some upgrade/refurbish to the fans and motors on the roof(not new replacements). On-going discussions between estates, the department and NaCTSO regarding the revised security requirements. Recent Crowthornes integrity checks have identified an increased number of leaks with confirmation it would be difficult to fumigate the facility without sealing all the identified leaks and also may require a larger exclusion zone for decontamination procedures . Any potential spillage/incidents with hazardous micro-organisms may not be contained presenting increased exposure risk to staff. Department has received notification of a planned HSE inspection in July mainly for CTL3 facility. Risk remains at 15 and based on the soonest available capital funding closure expected 2021 for the refurbish and redesign/ build of facility.	2	CMG Risk
3414	CMG 6 - CSI	Pathology - Immunology	28/02/2019	15/09/2019	If additional Immunology senior (Consultant) medical / clinical scientist staff cannot be recruited, then it may result Loss of UKAS accreditation of the service leading to service disruption with the Immunology clinical and laboratory services becoming non-viable within 6-8 months	Workforce	Service disruption	Extreme	Possible	15	Recruit to Consultant Immunologist vacancy Oct 2019;  M.B update 5.07.2019:Consultant post has been re-advertised closing date 4 July. Interview for Cons Clinical Scientist post scheduled for 19th July.Locum Consultant post advertised, but with no suitable applicants. Some adhoc offers to explore. Advertisement for replacement Consultant post held back for a couple of months to accommodate local Registrar application. Retiring Consultant to cover lab, 1 clinic and 1 MDT per month p/t. Other Consultant to work remotely.Flow reporting more robust, 3x Haematologists and 2x Clinical Scientists in various stages of training to take this over. Adult clinical Immunology service has been closed to new referrals. Adult allergy referrals sent to Glenfield. Paediatric clinical service still taking referrals. Andrew Furlong has opened discussions with fellow Medical Directors re helping out from Sept.As consequence of actions to be in place and likelihood reduced, risk score reviewed to 15 (5Cx3L)	9	Corporate Risk
3412	CMG 6 - CSI	Therapy	01/Mar/19	02/Sep/19	If two dedicated Critical Care Occupational Therapy posts are not recruited, then it may result in significant disturbance to the continuity of patient care on the ICU units or within the follow-up clinics over the 3 UHL sites, leading to service disruption.	Workforce	Service disruption	Moderate	Almost certain	15	Recruitment to Band 6 Critical Care Occupational Therapy post - Interviews 19.06.19 - unconditional offer given and staff member to commence in post on 01.09.19 - review risk on 02/09/19	6	CMG Risk
3492	CMG 7 - W&C	Maternity	15/08/2019	30/09/2019	If demand for the maternity ultrasound scan provision exceeds capacity, causing a delay, then it may result in a preventable stillbirth or an increase in the risk of the fetus developing cerebral palsy due to widespread delay in providing a growth scan for women identified to have an increased risk of a problem with fetal growth or reduced fetal movements, leading to potential harm	Demand & Capacity	Harm (Patient/Non-patient)	Extreme	Possible	15	Increase number of midwife sonographer scan sessions for GROW Due 19/09/2019 Consultant scan session to support GROW Due 19/09/2019 Implement a project to review the provision of USS services to ensure efficient service provision and identify extra capacity required Due 31/03/2020	10	CMG Risk
3093	CMG 7 - W&C	Maternity	05/Dec/17	30/09/2019	If there is insufficient Midwifery establishment to achieve the recommended Midwife to Birth ratio, in view of increased clinical acuity, then it may result in patient care being delayed leading to potential harm with an increase in maternal and fetal morbidity and mortality rates	Workforce	Harm (Patient/Non-patient)	Moderate	Almost certain	15	Ongoing negotiations to recruit to a further 20 midwives and 10 MSW's in line with the birth rate plus assessment Due 30/09/2019	6	CMG Risk
3332	CMG 7 - W&C	Paediatrics	30/10/2018	30/09/2019	If the paediatric asthma service remains below clinic capacity, then it may result in significant delay with reducing the waiting list and patient review or treatment leading to potential patient harm	Demand & Capacity	Harm (Patient/Non-patient)	Extreme	Possible	15	Combined business case to expand existing Children's Asthma Service and to build a separate Multidisciplinary Difficult Asthma Service to be r/v at RIC Due 30/09/2019 Commence recruitment for new and existing services Due 14/10/19 Appoint to multiple posts (to be outlined in more detail when recruitment process has commenced) Due 30/04/2020	4	CMG Risk
2394	CMG 7 - W&C	Imaging - Radiology	04/Jun/14	31/09/2019	If there is no service agreement to support the image storage software used for Clinical Photography, then it may result in widespread delays with patient diagnosis or treatment because Clinicians would not be able to view the photographs of their patients leading to potential harm	IM&T	Harm (Patient/Non-patient)	Moderate	Almost certain	15	IM&T and GE Healthcare project implementation underway. Expected completion September 2019.	3	Corporate Risk
1615	IM&T	IM&T	23/05/2011	31/10/2019	If flooding occurs in our Data Centre at the LRI site, then it may result in limited or no access to Trust systems, leading to potential service disruption and provision of patient care	Environment	Service disruption	Extreme	Possible	15	Strategic review of facilities on-site / off-site. Review data centre locations as part of the Reconfiguration Programme (Kensington Building). Infrastructure investment limited for 2019/20 but will progress spread of critical services between LRI and GH where possible. Work in progress to review IT services hosted at the LRI to determine suitability for off site (cloud) hosting. - review 31/10/19	10	Corporate Risk
3289	Operations	Operations	13/09/2018	31/10/2019	If the Trust fails to improve its emergency preparedness, resilience and response (EPRR) arrangements, then it may result in significant disruption to delivery of its critical and essential services in a business continuity, critical or major incident leading to service disruption and potential harm.	Process & Procedures	Service disruption	Moderate	Almost certain	15	To deliver the 3-year EPRR Work Programme including:  Year 2: Develop high priority local and corporate emergency plans including business continuity, critical and major incident plans, deliver essential training and exercises to test resilience of plans - March 2020  Year 3: Develop low priority emergency plans and deliver essential training and exercises to test resilience of plans - March 2021	6	Corporate Risk