

Meeting title:	Trust Board (public) Public Trust Board paper O
Date of the meeting:	13 th July 2023
Title:	BAF and Risk Management Report
Report presented by:	Becky Cassidy, Director of Corporate & Legal Affairs
Report written by:	Head of Risk Assurance and Transformation Programme Manager

This paper is for:	Decision/Approval		Assurance	X	Update	
Where this report has been discussed previously	Content has been discussed at Risk Committee and Audit Committee meetings.					

To your knowledge, does the report provide assurance or mitigate any significant risks?

The purpose of this report is to provide assurance around the overarching system of risk management and internal control within UHL.

Impact assessment

None

1. Purpose of the Report

To provide Trust Board with assurance around the overarching system of risk management and internal control including:

- A copy of the Board Assurance Framework (BAF)
- A summary of the operational risk register including significant risks

2. Recommendation

The Trust Board is invited to be assured by the key next steps in the development of the Trust's BAF and risk register, as set out in this report.

The BAF and significant risk register was reviewed at Audit Committee in June 2023 and will be reported quarterly to Trust Board.

3. Report detail

3.1 The Board Assurance Framework (BAF)

The BAF provides a structure and process for the Trust Board to focus on the strategic risks that might compromise the achievement of the strategic themes and objectives. The BAF summarises the controls management in place to minimise the likelihood or effect of the strategic risks materialising and the assurances the Trust Board needs to be confident that the controls are operating effectively. Over the last twelve months

the content and structure of the BAF has been developed through discussion with the Executive Directors and Non-Executive Directors at TB developments sessions, and TB meetings, as well as review of strategic risk themes on the operational risk register. The BAF risks are aligned to the agreed strategic themes and will be further refreshed as the new Trust strategy is developed.

The BAF has been reviewed by internal audit as part of their Head of Internal Audit Opinion work, in addition to their separate risk management and governance audit review this year. Internal Audit have suggested a moderate assurance opinion for the operation of the BAF during 2022/23. Their findings recognised the changes in leadership presented the Trust an opportunity to refresh the BAF to ensure that it is fit for purpose for the organisation moving forward. Whilst the BAF has not been operating effectively as a management tool for the whole of the year, they acknowledged that the BAF was in development during the early part of the financial year and the Trust Board and Audit Committee were sighted on its progress, including reviewing, and monitoring the processes to develop the BAF (format and risks) to ensure it remains relevant and effective for the Trust.

Over the last quarter the Head of Risk Assurance and the Transformation Programme Manager have met with each BAF risk Executive Lead or deputy to talk through progress against key next steps, effectiveness of controls, sources of assurance and any new or emerging risks of issues. These conversations are described in summary cover sheets to the relevant Board Committees and an 'evidence repository' is kept as part of a process to quality assure closed key next steps and retain evidence for assurance purposes.

Each monitoring Board Committee received the BAF in April, May and June 2023, including:

- Quality Committee received strategic risk 1 (relating to quality governance) in April, May and June 2023.
- Operations and Performance Committee received strategic risk 2 (relating to UEC and elective care) in April, May and June 2023.
- Finance and Investment Committee received strategic risks 3 (material misstatements in the Trust's restated 2019/20 balance sheet), 5 (financial grip and control), 6 (insufficient capital funding), 7a (failure to deliver the financial plan reforecast), 7b (failure to deliver the Medium Term Financial Plan), 8 (IT infrastructure unfit for the future) and 9 (estate infrastructure unfit for the future) in April, May and June 2023.
- People and Culture Committee received strategic risk 10 (relating to failure to recruit, retain, redesign and transform the workforce) in March and May 2023.

3.1.1 The main changes on the BAF

There is an established process to add new risks, remove risks, and change scores on the BAF, which involves the relevant Board Committee receiving assurance and escalation to the Trust Board to agree any change. Significant changes and movement on the BAF over the last quarter includes:

- BAF risk 3 (material misstatements in the Trust's restated 2019/20 balance sheet, with implications for audit opinion on 2020/21 and future accounts) – The extraordinary Audit Committee in April approved the accounts. FIC in April 2023 agreed to close of BAF risk 3 as this risk has been treated. This course of action was escalated in the FIC Assurance report and was subsequently approved by the Trust Board in May 2023.
- BAF risk 7a (failure to deliver the 2022/23 financial plan reforecast) – FIC in April 2023 agreed BAF risk 7a has met its target rating, can be removed from the BAF and the residual risk will be recorded on the operational risk register. This was escalated in the FIC Assurance report and approved by the Trust Board in May 2023.
- BAF risk 7b (failure to deliver the 2023/24 financial plan and achieve long term financial sustainability) – FIC in June agreed a change in the current likelihood score to increase the risk score to 20 based on the challenges with managing the financial performance for the year to date. The change has been escalated to today's Trust Board meeting in the FIC Assurance report.

3.1.2 The highest strategic risks on the BAF

The highest rated strategic risks on the BAF include:

- BAF risk 1 (*Due to a lack of Quality Governance and Assurance framework, this may result in failure to maintain and improve patient safety, clinical effectiveness and patient experience*) – current rating L5 (almost certain) x I4 (major) = 20;
- BAF risk 2 (*Due to demand overwhelming capacity and delaying access to services, this may result in failure to meet national standards for timely urgent and elective care*) – current rating L5 (almost certain) x I4 (major) = 20;
- BAF risk 6 (*Due to insufficient capital funding, this may result in being unable to address statutory requirements such as health and safety standards and legislation, and address backlog maintenance requirements (concerning medical equipment, estate and IM&T)*) – current rating L5 (almost certain) x I4 (major) = 20;
- BAF risk 7b (*Due to significant financial challenge over 2023/24 and for the future 3 years across the LLR system to meet both operational and inflationary pressures and recovery from COVID, then it may result in failure to deliver the 2023/24 financial plan and achieve long term financial sustainability*) – current rating L5 (almost certain) x I4 (major) = 20.

A copy of the current BAF is attached as appendix A.

3.2 The operational risk register

3.2.1 Significant risks (with a current rating of 15 or above)

There are 340 risks open on the operational risk register (as at 30th June 2023). There are no risks with a current rating extreme (risk score 25) and there are 129 risks considered significant risks with a current rating of 15 and above. A summary of the significant risk register is included in appendix B.

The corporate risk management team continue to monitor risk register performance, (including a summary of open risks by current score, risks with elapsed actions or review dates, the highest scoring risks, new risks and closed risks, the causes of the CMGs risks by theme, any risks open for 2+ years) and provide monthly risk register reports to each CMG Board. Current performance is approx. 15% of operational risks have elapsed review / action due dates. The CMG information packs are used at the CMG Quality and Safety Boards (or equivalent) to frame and guide conversations around risk.

Risk register performance reports are also presented on a monthly basis to the CMG performance review meetings (PRM) for scrutiny and challenge around operational risk register performance. CMGs must provide assurance to the Executive Team, at PRMs, the actions they have established where there is any variance in their data.

The corporate risk management team continue to provide training and support to staff in CMGs and corporate directorates in risk assessment processes, including risk scoring, the risk register and the importance of horizon scanning to identify new emerging risks.

3.2.2 Themes on the operational risk register

Analysis of the risk register shows significant risk themes include:

- Workforce gaps – including recruitment, retention and skill mix of clinical and non-clinical staff groups (across a range of specialties).
- Patient flow – including managing demand and capacity in our urgent and emergency care services, managing the elective care backlogs, and managing cancer patients
- Estate and environment – including managing ageing infrastructure and climate in our operating theatre environment and ICU infrastructure. Some risks require significant capital investment as part of the New Hospital Programme (reconfiguration).
- Equipment and supplies – including managing ageing equipment and addressing IM&T infrastructure works and digital risk
- Finances – including lack of capital funding to address backlog maintenance and increased costs
- Analysis of the risk register demonstrates alignment between the themes on the operational risk register and the strategic risks on the BAF.

3.3 Risk Committee

All significant risk exposures are reported to the Risk Committee at each formal meeting (and to the Trust Board as required). In line with the UHL Risk Management Policy, new significant risks rated 15 and above on the risk register, including controls in place and management plans, are received for discussion and endorsement at the Risk Committee each month. The Trust Board and Risk Committee regularly scans the horizon for emergent opportunities or threats and considers the nature and timing of the response required to ensure risk is kept under control.

Since the last report, the Risk Committee meeting in March was cancelled due to the low level of Executive's available to attend. The Risk Committee has since met in April, May, and June 2023 and escalation reports presented to the Audit Committee.

In April, the Risk Committee received eleven new significant risks which had been entered on the risk register with a current risk score of 15 and above. Nine of the eleven new risks were endorsed and one risk was be deferred to next meeting. The Committee also received assurance reports from Women's CMG; Reconfiguration; Transformation; and Corporate Medical Directorates.

In May, the Risk Committee received three new significant risks (with a current risk score of 15 and above). Two of the three new risks were endorsed and one risk was not approved in its current form, a further update was requested to be provided to the next meeting on the Risk Committee. The Committee also received assurance reports from Children's CMG; ESM CMG; ITAPS CMG; Strategy; and Corporate Finance Directorates.

In June, the Risk Committee received one new significant risk (with a current risk score of 15 and above) which was approved in its current form. The Committee also received assurance reports from MSS CMG; and Estates & Facilities Directorate.

Key next steps in the progress of the Risk Committee are to:

- receive regular assurance reports from each CMG and corporate directorate to consistency check risk scoring and ensure appropriate controls are robust and relevant mitigating actions are in place for risks on the risk register.
- review and challenge new risks or existing risks that CMGs and corporate directorates have identified where they need support to control or mitigate the risk.
- ensure executive attendance is quorate and improve CMG attendance.

Appendix A - UHL Board Assurance Framework Cover (note: Latest updates in red text)

Strategic themes	Relevant BAF Risk	Board Committee	Executive Lead
Timely, high quality, safe, sustainable care (note: this will incorporate strategic risks about performance & delivery and outcomes & experience)	Strategic risks 1 and 2	Operations & Performance Committee and Quality Committee	CN, MD, COO
Working with system partners to develop an integrated care system across the health and social care community	Strategic risk 2	Operations & Performance Committee	COO
Looking after our people, developing workforce capacity and capability and a compassionate and inclusive culture	Strategic risk 10	People & Culture Committee	CPO
Sustainable, well governed finances	Strategic risks 5, 6, and 7b	Finance Investment Committee	CFO
Infrastructure fit for the future (note: this will incorporate strategic risks about IM&T, Estates and Reconfiguration)	Strategic risks 8 and 9	Finance Investment Committee & Reconfiguration and Transformation Committee	CIO, DEF

Research, education and improvement at the heart of patient care	Strategic risks 1 and 10	Quality Committee	MD
--	--------------------------	-------------------	----

BAF Ref		Executive Lead		Committee					
01-QC		Andrew Furlong - MD Julie Hogg - CN		Quality Committee					
Risk cause					Risk event				
Lack of Quality Governance and Assurance framework					Failure to maintain and improve patient safety, clinical effectiveness and patient experience				
Impact									
1. Increase in avoidable harm & serious incidents including never events 2. Mortality rate worse than expected 3. Deteriorating patient survey and FFT recommendation 4. Removal of accreditations - HTA, JAG, UKCAS 5. Patients suffer avoidable harm as a result of an outbreak of nosocomial infection 6. The trust is unable to provide services to the local population because of closure 7. Reputational deterioration affecting patient choice 8. Regulatory intervention									
No	Controls (Impact control = IC or Likelihood control = LC)	Sources of assurance (3rd party / independent or internal assurance)	Current assurance rating RAG	Current risk rating L x I = Current (Likelihood of event occurring x Impact of event)	Sub- committee workplan	Gaps in control (LC or IC) Gaps in assurance (A)	Key next steps (to address gaps in controls or assurance)	Tolerable risk rating (L x I)	Target (appetite) risk rating (L x I)
1	Clinical policies, procedures and standards (LC/IC)	Notes of Policies and Guidelines Committee received at EQB (<10% policies and procedures overdue) (Internal Assurance) Ward based Assessment & Accreditation (Internal Assurance) Self assessments e.g. national IP BAF self assessment (Internal Assurance) CQC inspection report (Internal Assurance) Peer reviews and quality assurance accreditation programmes in specific services. e.g. CNST, JAG, HTA, HSIB, PLACE (External Assurance) Health inequalities report (Internal Assurance) Safeguarding report (Internal Assurance) Quality and Safety Performance report and dashboard (Internal Assurance)	Amber (Controls are still maturing and evidence is limited / inconclusive)	Almost certain (5) x Major (4) = 20	QC	Concerns about culture and safe staffing in maternity (LC) CQC National thematic review of maternity UHL visit (A)	Factual accuracy process for CQC maternity report in progress (CN/MD: July 2023) Programme director appointed to lead Maternity and neonatal improvement plan from July 2025 (CN/MD July 2025)		
2	Learning from incidents, complaint investigations and patient deaths (LC)	Patient safety and complaints report to QC (Internal Assurance) Trust Board workshop on PSIRF - 01/12/2022 (Internal Assurance) Local patient safety scorecards reviewed at CMG PRMs (Internal Assurance) Patients on Ambulances and ED long waits harm review (Internal Assurance) Learning from Deaths report (Internal Assurance) Cancer Harms report (Internal Assurance) Doctor Foster Intelligence report (Internal Assurance) Complaints management report to QC (Internal Assurance) Quality & Safety dashboard report to QC (Internal Assurance)			QC	Readiness to implement new national standards - PSIRF (LC) Concerns about responsiveness and quality of complaints (LC) Assurance process for harm as a result of delayed elective care (LC)	Implementation plan to adopt PSIRF in place and progressing to roll out in October 2023 (CN /MD: Oct 2023) End to end review of complaints process including early resolution team project work to be presented to July Patient safety Committee (CN: July 2023) Establish a Patient Safety Committee, supported by TLT to commence in July (MD: July 2023)		
3	Statutory and mandatory training programme (LC)	Statutory and mandatory training programme reported to PCC (Internal Assurance)			PCC	Some courses are below the expected compliance rate of 90% (A)	Actions to improve compliance being driven through PRM's (MD/CN: September 2023)		
4	Quality Improvement Methodology (LC)	Participation in National Clinical Audits (Internal Assurance) GIRFT reviews (Internal Assurance) Improvement Collaboratives (Internal Assurance) Clinical Audit Committee (Internal Assurance)			QC	7 mandatory national clinical audits with issues and 13 national clinical audits completed but not signed off by the CMG (A) Quality Improvement methodology is not embedded (LC)	Actions to address the issues with data submission and CMG sign off of national clinical audits being addressed through the CMG PRMs (MD: Update to QC June July 2023 - delayed due to board to board) UHL approach to QI is under review (DCE: September 2023)		
5	Quality and Experience strategies plus enabling strategies (LC)	Patient experience surveys (e.g. FFT) (External Assurance) CQC Insight report (External Assurance) Rapid flow report (Internal Assurance)			QC	Delayed ambulance handovers and delayed admission creating risk (LC). Lack of patient and carer involvement in Shared Decision Making (IC)	Action plan to improve flow into, through and out of UHL. System working group established (R Briggs) (cross reference to BAF risk 02 OPC) (MD/CN/COO: review Q4 2023/24) Development and roll-out of patient and carer involvement in care via Shared Decision making (CN: Aug 2023)		
6	Nurse staffing matched to acuity levels (LC)	Report to Trust Board outlining nurse to patient ratios (Internal Assurance)			QC	Vacancy rate in midwifery and HCSW exceed national average (LC)	Bespoke recruitment and retention plans in place for both staff groups (CN: September 2023).		

BAF Ref	Executive Lead		Committee						
02-OPC	Jon Melborne, COO		Operation & Performance Committee						
Risk cause				Risk event					
Demand overwhelms capacity and delays access to services				Failure to meet national standards for timely urgent and elective care					
Impact									
1. Deterioration in emergency performance 2. Increased ambulance handover times 3. Deterioration in elective performance 4. Increased waiting times for cancer diagnosis and treatment 5. Services are unable to provide the safest possible care 6. Effectiveness of care provided is below the expected standards 7. Experience of care provided is below expected standards									
No	Controls (Impact control = IC or Likelihood control = LC)	Sources of assurance (3rd party / independent or internal assurance)	Current assurance rating RAG	Current risk rating L x I = Current (Likelihood of event occurring x Impact of event)	Sub- committee workplan	Gaps in control (LC or IC) Gaps in assurance (A)	Key next steps (to address gaps in controls or assurance)	Tolerable risk rating (L x I)	Target (appetite) risk rating (L x I)
1 (UEC)	UEC (action) Plan covering flow in, flow through and flow out of the Trust with oversight through UEC Steering Group, reporting into Executive Finance and Performance Board and the Operational Performance Committee (LC)	UEC (Action) Plan monitored through UEC Board, UEC steering group and Acute Care Collaborative (Internal Assurance) UHL Discharge: Programme of Work reporting to Strategic Patient Discharge Group and OPC (Internal Assurance)	Red (Evidence indicated controls are not working and the risk has deteriorated)	Almost certain (5) x Major (4) = 20	OPC	Action plan not fully implemented (LC)	Implement single UEC action plan (covering workforce, ambulance handover's, pre-transfer hub, rapid flow, UEC, external reviews) (COO: Q4 2023/24) Explore options for Urgent and Emergency Care lead provider arrangement (COO: tbc)	Almost certain (5) x Moderate (3) = 15	Possible (3) x Moderate (3) = 9
4 (UEC)	Transformation support to implement UEC action plan (LC)	Transformation Team work plans (Internal Assurance)			OPC	Resource to implement transformation in emergency care pathway(s) (LC)	Recruit to posts to support the implementation of the UEC action plan (COO, Sept 2023)		
2 (UEC)	Adherence to UHL Rapid Flow and Boarding Policy's (LC)	UHL Performance Metrics (2a. - weekly ambulance handover, 2b. emergency scorecard, FFT) (Internal Assurance) Rapid Flow Daily Performance Report (Internal Assurance)			OPC				
3 (UEC)	Tactical meetings to monitor performance (LC)	Organisation wide understanding of Trust operational position four times daily reflected in the UHL Capacity Report (Internal Assurance)			OPC				
6 (Elective)	System recovery plan and underpinning workstreams covering the 8 elective care interventions with oversight through the Elective Recovery Committee (LC): Productivity & releasing constraints OP transformation Pathway changes Validation of the waiting List Additional capacity Mutual aid Use of the independent Sector Elective Recovery Fund (ERF)	Waiting List Access Management meetings with UHL Specialties (Internal Assurance) Weekly Tier 1 elective meeting with NHSE (Internal Assurance) Monthly Theatre Productivity Board (Internal Assurance) Monthly Outpatient Board (Internal Assurance) Internal Audit; Waiting List Management (Internal Assurance: Limited)			OPC	Resource to implement transformation in elective care pathway(s) (LC) Self assessed as Amber against 4 of the 5 'Excellence in the Fundamentals of Waiting List Management' (LC) 78 week trajectory in place does not meet required zero target (LC)	Increase UHL Capacity (through mutual aid and independent sector to support 78 week position (COO: Q4 2022/23) Implement action plans for the 8 elective care interventions (COO: Q4 2023/24) 65 week forecast being developed to get to zero 65 weeks by March 24 (COO: March 2024)		

BAF Ref	Executive Lead	Committee
05-FIC	Lorraine Hooper, CFO	Finance Investment Committee
Risk cause		Risk event
Lack of financial grip and control, governance and financial processes		Financial transactions not carried out in accordance with the law and with Government policy and accounting standards. Lack of clarity over the financial position and plan
Impact		
1. Unable to accurately report (in year and year end) 2. Inability to make appropriate financial decisions and take actions to ensure financial sustainability 3. Continuation of Regulatory Support Programme (RSP) with NHSE&I oversight and scrutiny 4. Unable to operate with autonomy		

No	Controls (Impact control = IC or Likelihood control = LC)	Sources of assurance (3rd party / independent or internal assurance)	Current assurance rating RAG	Current risk rating L x I = Current (Likelihood of event occurring x Impact of event)	Sub- committee workplan	Gaps in control (LC or IC) Gaps in assurance (A)	Key next steps (to address gaps in controls or assurance)	Tolerable risk rating (L x I)	Target (appetite) risk rating (L x I)
1	Financial Improvement Plan inc all outstanding External Audit Management Recommendations (LC)	RSP Exit Roadmap (Internal Assurance)	Amber (Controls are still maturing and evidence is limited / inconclusive)	Unlikely (2) x Major (4) = 8	FIC	Outstanding actions on the Financial Improvement Plan (LC) Reporting of underlying financial position to FIC (A) TB approvals without context of underlying Trust position (A)	Quarterly reporting of underlying financial position to FIC (CFO: July 2023) TB approvals taking account of underlying financial position (CFO: July 2023) <i>NOTE:</i> <i>*Ongoing monitoring of the actions in the Financial Improvement Plan and RSP KPIs/achievement of RSP exit criteria to become 'Business as Usual' overseen by the Finance SMT, reporting to FIC - first report to the June FIC</i>	Unlikely (2) x Major (4) = 8	Extreme unlikely (1) x Major (4) = 4
		Monthly RSP Exit Assurance Report to EFPB, FIC & TB (Internal Assurance)							
		NHSE/I Oversight meetings (Internal Assurance)							
		NHSE&I Intensive Support Team (Internal Assurance)							
		Grip & Control Checklist: Paper I presented to 9.4.22 Audit Committee (Internal Assurance)			FIC				
		Board Assurance Framework for 2022/23 (Internal Assurance)			FIC				
		Monthly Financial Forecast and Risk Management paper to FIC (Internal Assurance)			FIC				
		Decision making processes and financial governance in place for new spend decisions (Internal Assurance)			FIC				
		Budget holder training & procurement training (Internal Assurance)			FIC				
		Performance Accountability Framework updated and approved: Paper F presented at 3.11.22 Trust Board (Internal Assurance)			FIC				
		SFIs and Scheme of Delegation updated and approved at TB: Paper G presented at 3.11.22 Trust Board (Internal Assurance)			FIC				
		Bi-monthly Financial Improvement Plan (2020/21 & 2021/22 Accounts) paper to Audit Committee (Internal Assurance)			FIC				

BAF Ref	Executive Lead	Committee
06-FIC	Lorraine Hooper, CFO	Finance Investment Committee
Risk cause		Risk event
Insufficient capital funding		Unable to address statutory requirements such as health and safety standards and legislation, and address backlog maintenance requirements (concerning medical equipment, estate and IM&T)
Impact		
1. Increase in clinical service incidents and adverse effect on service continuity, productivity and patient and staff experience		
2. Infrastructure modernisation programme delayed.		

No	Controls (Impact control = IC or Likelihood control = LC)	Sources of assurance (3rd party / independent or internal assurance)	Current assurance rating RAG	Current risk rating L x I = Current (Likelihood of event occurring x Impact of event)	Sub- committee workplan	Gaps in control (LC or IC) Gaps in assurance (A)	Key next steps (to address gaps in controls or assurance)	Tolerable risk rating (L x I)	Target (appetite) risk rating (L x I)
1	1. Prioritised three year capital plan overseen by the Capital Management Investment Committee (LC) 2. Draft balanced Capital Plan for 2023/24 (LC)	27/4/2022: FIC approve the 2022/23 Capital Plan (Internal Assurance)	Amber (Controls are still maturing and evidence is limited / inconclusive)	Almost certain (5) x Major (4) = 20	FIC	Unfunded high risk schemes (estates compliance and replacement medical equipment), IT infrastructure and operational developments (LC) Medium Term Capital Plan (LC) Gap between internally funded capital envelope and the prioritised three year capital programme (LC)	Work with system colleagues to establish key principles and consistency in capital allocation when appropriate (CFO: Aug 2023)	Almost certain (5) x Moderate (3) = 15	Possible (3) x Moderate (3) = 9

BAF Ref	Executive Lead	Committee
07b-FIC	Lorraine Hooper, CFO	Finance Investment Committee
Risk cause		Risk event
Significant financial challenge over 2023/24 and for the future 3 years across the LLR system to meet both operational and inflationary pressures and recovery from COVID		Failure to deliver the 2023/24 financial plan and achieve long term financial sustainability
Impact		
1. Increased financial challenge in future years 2. Lack of cash to meet ongoing liabilities 3. Continuation of Regulatory Support Programme (RSP) with NHSE&I oversight and scrutiny 4. Unable to operate with autonomy 5. Inability to maintain and develop service to meet future requirements		

No	Controls (Impact control = IC or Likelihood control = LC)	Sources of assurance (3rd party / independent or internal assurance)	Current assurance rating RAG	Current risk rating L x I = Current (Likelihood of event occurring x Impact of event)	Sub- committee workplan	Gaps in control (LC or IC) Gaps in assurance (A)	Key next steps (to address gaps in controls or assurance)	Tolerable risk rating (L x I)	Target (appetite) risk rating (L x I)
1	Annual Planning process; alignment of activity, workforce and finance (LC) Financial Recovery Plan (LC)	2023/24 Annual Plan; submitted 4/5/23 (Internal Assurance) Risks to delivering the 2023/24 financial plan inc the potential impact and TB and sub-committee oversight articulated in 2023/24 annual plan (Internal Assurance) Monthly Financial Forecast and Risk Management paper inc reporting of underlying financial position to FIC (Internal Assurance) CMG Performance Review Meetings (PRMs) (Internal Assurance) <i>Note: further controls are described and managed as an operational risk on the trust risk register (ref: 3920)</i>	Amber (Controls are still maturing and evidence is limited / inconclusive)	Almost Certain (5) x Major (4) = 20	FIC	LLR/UHL Financial Strategy (LC)	With system partners, develop a financial strategy, as part of a forward plan (CFO: July 2023) Agree planning principles for 24/25 (CFO: June 2023) Establish oversight of the Financial Recovery Plan and controls as prescribed by NHSE/I (CFO: July 2023)	Possible (3) x Major (4) = 12	Unlikely (2) x Major (4) = 8

BAF Ref		Executive Lead		Committee					
08-FIC		Andy Carruthers, CIO		Finance Investment Committee and Reconfiguration & Transformation Committee					
Risk cause				Risk event					
IT Infrastructure unfit for the future				Unable to provide safe, high quality, modern healthcare services					
Impact									
1. Delays in diagnosis and treatment 2. Poor patient flow 3. Poor staff and patient experience 4. Potential compromised quality of care 5. Compromised operational performance (inc cancer, planned care, flow and bed capacity) 6. Increased financial challenge in future years 7. Failure to realise benefits from EPR implementation 8. Breach in patient data									
No	Controls (Impact control = IC or Likelihood control = LC)	Sources of assurance (3rd party / independent or internal assurance)	Current assurance rating RAG	Current risk rating L x I = Current (Likelihood of event occurring x Impact of event)	Sub- committee workplan	Gaps in control (LC or IC) Gaps in assurance (A)	Key next steps (to address gaps in controls or assurance)	Tolerable risk rating (L x I)	Target (appetite) risk rating (L x I)
1	Digital leadership and engagement: *Chief Medical Information Officer, Chief Nurse Information Officer, Chief Pharmacy Information Officer (LC) *Clinical engagement in the specification of replacement IT functionality e.g. PAS replacement project board comprising clinical and operational expertise (IC) *e-Hospital programme board chaired by Medical Director (LC)	Established structure for project readiness assessment and post implementation review (Internal Assurance) Co-design, testing and piloting of EPR functionality (Internal Assurance) Internal Audit review of e-Hospital programme (External Assurance)	Amber (Controls are still maturing and evidence is limited / inconclusive)	Likely (4) x Major (4) = 16	RTC	Lack of engagement from a broad range of clinical areas & roles below very senior levels (LC) Failure to sustainably retain and recruit staff with specialist IT and business change skills and knowledge to monitor and maintain the service (LC) Adoption & change facilitation in corporate areas (LC)	Appoint to clinical digital leadership roles (CIO: July 2023) Establish corporate adoption facilitators (Digital Champions) on a project basis (CIO: Jun 2023) Discuss and agree actions to address operational ownership and engagement (particularly in relation to the PAS replacement) at the Reconfiguration and Transformation Committee (CIO: July 2023)	Possible (3) x Major (4) = 12	Possible (3) x Moderate (3) = 9
2	Continuous investment in infrastructure and equipment (as identified in the annual capital plan) (LC)	NHSEI Frontline Digitisation financial governance & validation process NHSEI Frontline Digitisation 2022/23 capital funding (£5m) expected to impact on 2023/24 plans (Internal Assurance) Internal Audit advisory review of Cyber– mock phishing campaign (External Assurance)			FIC	Capital funding allocation (LC) Failure of IT service operating model to support incremental and iterative improvement activities (IC)	Review and enact changes to IT operating model to support future ways of working (CIO: Aug 2023)		
3	Transformation & benefits realisation (LC)	EPR readiness assessment document and process (Internal Assurance) Healthcare Information and Management Systems Society (HIMSS) Electronic Medical Record Adoption Model EPR maturity assessment (Internal Assurance) e-Hospital clinical facilitator team supporting with change and adoption in front line areas (Internal Assurance) User experience satisfaction survey (Internal Assurance) Approach to benefits (Internal Assurance)			RTC	Lack of clinical and administrative standardisation across specialities (LC) Lack of dedicated transformation resource to facilitate EPR benefits realisation (LC) Lack of dedicated transformation resource to facilitate benefits realisation in corporate areas (LC) Quality metrics for user experience (A) Lack of benefits realisation engagement and operational ownership (LC)	Develop standardisation across clinical specialities (tbc:tbc) Develop standardisation across administrative functions (tbc:tbc) Realise EPR benefits (CIO: Dec 2023) Review transformation resourcing as part of the Trust's new approach to transformation (DCEO: Aug 2023) Develop and implement standardised benefits realisation tools and templates (CIO: Sept 2023) Develop BI capability to evidence adoption (CIO: Sept 2023)		

BAF Ref	Executive Lead	Committee
09-FIC	Mike Simpson, DEF	Finance Investment Committee
Risk cause		Risk event
Estate Infrastructure unfit for the future		Unable to provide safe, high quality, modern healthcare services
Impact		
1. Delays in diagnosis and treatment		
2. Poor patient flow		
3. Poor staff and patient experience		
4. Potential compromised quality of care		
5. Compromised operational performance (inc cancer, planned care, flow and bed capacity)		
6. Increased financial challenge in future years		

No	Controls (Impact control = IC or Likelihood control = LC)	Sources of assurance (3rd party / independent or internal assurance)	Current assurance rating RAG	Current risk rating L x I = Current (Likelihood of event occurring x Impact of event)	Sub- committee workplan	Gaps in control (LC or IC) Gaps in assurance (A)	Key next steps (to address gaps in controls or assurance)	Tolerable risk rating (L x I)	Target (appetite) risk rating (L x I)
1	E&F Transitional Plan (Apr 2022 - Apr 2024) (LC)	Funds set aside for the development of a 10-15 year Estates and Facilities Strategy (Internal Assurance) Action Plan in response to the recently published food standards (Internal Assurance)	Amber (Controls are still maturing and evidence is limited / inconclusive)	Likely (4) x Major (4) = 16	FIC	Estates and Facilities Strategy (LC) E&F Development Control Plan (LC) E&F Masterplan (LC) Clarity on the New Hospitals Programme (Reconfiguration) (LC) Exploitation of commercial opportunities (IC)	Develop Estates Strategy including Development Control Plan and Masterplan (DEF: Mar 2024) Appointment of a Commercial Director (DEF: Aug 2023)	Possible (3) x Major (4) = 12	Possible (3) x Moderate (3) = 9
2	Compliance audits across E&F statutory compliance workstreams (LC)	Areas of statutory non compliance captured on the Risk Register inc mitigating actions (Internal Assurance) E&F policies and procedures updated based on outcomes of audits (Internal Assurance) External Audit Reports covering all E&F statutory compliance workstreams, with actions captured in non-compliance assurance registers (External Assurance) Specialist Technical Groups (including ventilation) (Internal Assurance)			FIC	Areas of non compliance (Amber RAG) on the Turner & Townsend Compliance Audit (A) Waste Manager post vacant (LC)	Report progress against Compliance Audit Action Plan to FIC until compliant (DEF: Mar 24) Recruit to vacant Waste Manager Post (DEF: Nov 2023)		
3	Capital programme monitored through Capital Management Investment Committee (CMIC) and supporting sub committee governance structure to support prioritisation of capital based on clinical & infrastructure risks (LC)	Statutory requirements prioritised according to risk and capital allocated accordingly - areas of statutory non compliance captured on the Risk Register inc mitigating actions (Internal Assurance) Sub-Committee second iteration prioritised draft three-year programmes with schemes risk scored and categorised (Internal Assurance)			FIC	Medium Term Capital Plan (LC)	Work with system colleagues to establish key principles and consistency in capital allocation when appropriate (CFO: Aug 2023)		
4	E&F People Plan (LC)	E&F restructure of Senior Management Team; Band 5 and above (Internal Assurance) Organisational Development for E&F Senior Management Team (Internal Assurance) Authorising Engineers in place to hold Authorised Persons to account (Internal Assurance) Competent Persons in place to support APs (Internal Assurance) Restructure of security function and hours with dedicated Local Security Management Specialist oversight (Internal Assurance)			FIC	E&F Organisational Development for bands 5 and upwards cohorts 2+ (LC)	Complete E&F Organisational Development for bands 5 and upwards - cohort 2+ (DEF: March 2024)		

5	Review of E&F staff Terms and Conditions (LC)	Responsibility Allowance for Authorised Persons managed through existing budgets (Internal Assurance) Register and training programme for Authorised Persons (Internal Assurance) Recruitment & Retention Premia for Estates Maintenance Technicians managed through existing budgets (Internal Assurance)			FIC	Locums Nest for the E&F Bank (LC)	Implement Locums Nest for E&F Bank (DEF: Sept 2023)		
6	E&F operational systems (LC)	Asset management database (Internal Assurance)			FIC	Gaps in Asset Register verification recorded on a Computer Aided Facilities Management Software System (CAFM) (LC) (A)	Reconfigure E&F Computer Aided Facilities Management Software System (CAFM) with compliance linked through to Asset Register verification (DEF: Aug 2023)		
7	Green Agenda (LC)	Sustainable transport solutions (Internal Assurance) Leicester City Council and UHL Joint Working Group (Internal Assurance) University of Leicester and UHL Joint Working Group (Internal Assurance)			FIC	System Level Plan (IC)	Take additional city centre parking through formal planning (DEC: Mar 2024)		

BAF Ref		Executive Lead		Committee					
10-PCC		Clare Teeney, CPO		People & Culture Committee					
Risk cause				Risk event					
Failure to recruit, retain, redesign and transform the workforce				Insufficient workforce capacity, capability and lacking diversity					
Impact									
1. Lack of understanding of the importance and benefits of cognitive diversity in the workforce									
2. Inability to attract and retain a diverse and inclusive workforce									
3. Workforce that does not represent the diversity of the local population and labour market									
4. Lack of diversity in care pathway and service redesign									
5. Poor patient experience									
6. Poor responsiveness - backlogs and long wait times									
7. Lack of staff morale, high turnover and vacancies									
9. A workforce that is burnt out and feels unsupported, undervalued and leaves the Trust									
10. Perceived and actual inequality at all levels across the Trust									
11. Financial impact through use of premium pay e.g. WLIs, Local allowances, overtime									
No	Controls (Impact control = IC or Likelihood control = LC)	Sources of assurance (3rd party / independent or internal assurance)	Current assurance rating RAG	Current risk rating L x I = Current (Likelihood of event occurring x Impact of event)	Sub- committee workplan	Gaps in control (LC or IC) Gaps in assurance (A)	Key next steps (to address gaps in controls or assurance)	Tolerable risk rating (L x I)	Target (appetite) risk rating (L x I)
1	Transformation of transactional services work programme (aligned to external audit recommendations) overseen by People Services Transformation Collaborative (LC) Protecting fragile services (LC) Transactional Services Strategy (LC) Payroll improvement plan (LC)	External Audits (inc HR and payroll systems & processes, ESR, Bank provision) (External Assurance) Quarterly Transactional services report (Internal Assurance) Industrial Acton Planning Group report to PCC (Internal Assurance) Fragile services workforce risk report (Internal Assurance) Internal Audit review of pre-employment checks (Internal Assurance - Limited Assurance) End of year Transactional Services report (Internal Assurance)	Amber (Controls are still maturing and evidence is limited / inconclusive)	Almost certain (5) x Major (4) = 20	PCC	Addressing recommendations from External Audits (LC) Internal Audit review of recruitment and selection process (A)	Internal Audit around recruitment and selection process (to Audit Committee in summer 2023) (CPO: Aug 2023) Establish a single Bank (CPO: Apr 2024) Internal Audit of Transactional Services (IA: Nov 2023)	Likely (4) x Moderate (3) = 12	Possible (3) x Moderate (3) = 9
2	Equality, Diversity & Inclusion programme (LC)	Annual report on EDI (Internal Assurance) WRES action plan review by NHSE Workforce Race Equality Standards Team - rating of requires improvement (External Assurance) Quarterly effectiveness of the Trust's Learning and OD programme report (Internal Assurance) Project search report (Internal Assurance)			PCC	Lack of support programme for Staff, Associate Specialist and speciality doctors (SAS) and Locally employed doctors (LED) (LC) Employment relations processes (LC)	12 month pilot of Dignity at Work Programme (British Association of Physicians of Indian Origin - BAPIO) (CPO: Sept 2024) Develop EDI Work Programme 2023/24 and map to National EDI work programme (CPO: July 2023) Revise core HR policies (absence management, disciplinary, etc) to reflect Trust approach to employment relations (CPO: Oct 2023)		
3	Staff engagement programmes (staff Survey, Freedom to Speak Up)	Staff survey results and progress with action plans monitored (Internal Assurance) Quarterly - Freedom to Speak Up (F2SU), and embedding a safe and open culture report (Internal Assurance) Annual report on F2SU (Internal Assurance) Quarterly Junior Doctors' Guardian of Safe Working report (Internal Assurance)			PCC	UHL Values refresh and Behavioural Framework review as part of new Trust 5 years strategy (LC) Staff survey results 2022/23 (A)	Engagement work to be undertaken in partnership with external provider Clever Together (We are UHL) to input into the development of the Trust's (new 5 years strategy - DCEO), values refresh and behavioural framework to Trust Board (CPO: September 2023) Align Trust & enabling strategies (e.g. workforce, estates, etc) (DCEO: September 2023) Develop 2022 Staff Survey action plan (CPO: Jul 2023)		
4	Health & wellbeing programme (LC), inc:	Quarterly report on alignment of staff health and wellbeing measures to workforce needs and organisational culture report			PCC				

	*Staff vaccination programme, * Occupational Health, *AMICA Staff Counselling and Psychological Support Services etc	(Internal Assurance)								
--	--	----------------------	--	--	--	--	--	--	--	--

BAF scoring matrix KEY:

Likelihood is a reflection of how likely it is the risk event will occur ‘x’ **impact** is the effect of the risk event if it was to occur

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

BAF assurance rating KEY:

Not Assured:

- Controls are NOT working, AND/OR
- Lack of assurance, AND/OR
- The risk impact has deteriorated AND/OR
- Negative or high risk 3rd party / independent assurance e.g. Internal or external audit, regulator assessment

Partially assured:

- Timescales for actions are slipping AND/OR
- Limited / inconclusive assurance
- Qualified or medium risk 3rd party / independent assurance e.g. Internal or external audit, regulator assessment

Positively assured:

- No gaps in controls or assurance AND
- Gaps in controls and assurance are being addressed to agreed timescales
- Positive or low risk 3rd party / independent assurance e.g. Internal or external audit, regulator assessment

Appendix B - Significant Risk Register

Risk ID	CMG	Specialty	Risk Description	Current Risk Score (in order by CMG)	Target Risk Score
4018	CMG 1 - CHUGGS	Endoscopy	If the Endoscopy Service admin team is under establishment, then it may result in delays in diagnosis and treatment for patients on the endoscopy waiting list, leading to potential harm	20	2
3919	CMG 1 - CHUGGS	Palliative Care	If the processes and practices relating to the prescription and administration of controlled drugs and other medications needed for symptom control in a palliative care context are not improved then this may result in an under-dosing or overdosing medication incident leading to major patient harm, adverse reputation and service disruption	20	8
3359	CMG 3 - ESM	Acute Medicine	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	20	9
3769	CMG 3 - ESM	Dermatology	If demand for skin cancer patients' service continues to exceed capacity, caused due to consultant vacancy and SPR gaps, as well as reduced clinical space, then it may result in widespread delays with patient diagnosis or treatment, leading to potential for patient harm and cancer waiting time target breach increasing the potential delays in both diagnosis and treatment	20	10
3699	CMG 3 - ESM	Emergency Department	If medical and nursing workforce capacity in Majors is not increased commensurate to meet demand (caused due to reorganised services in ED as a result of the COVID-19 pandemic), then it may result in significant delays with patient assessment, diagnosis and treatment, leading to potential harm, adverse reputation and service disruption	20	12
3077	CMG 3 - ESM	Emergency Department	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	20	15
3475	CMG 4 - ITAPS	Theatres	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	20	12
3093	CMG 7 - Women's	Maternity	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	20	6
3023	CMG 7 - Women's	Maternity	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	20	6
3144	Estates and Facilities	E&F	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	20	10
3695	Estates and Facilities	EFMC	If areas requiring specialist ventilation for infection prevention are not updated to the current healthcare standards, caused due to age and condition of the plant and lack of access, then it may result in a reduction in infection control, leading to potential patient harm, adverse reputation, service disruption and financial loss	20	5
3987	Estates and Facilities	EFMC	If key Water management services don't offer a resilient service, then it may result in an infection incident that threatens the health of patients / staff and users in the Trust, leading to potential harm with prolonged hospital treatment / ill-health / death	20	10
4045	Estates and Facilities	EFMC	If the Trust does not have the required competent mechanical engineers (Pressure and Steam) to safely manage and maintain existing Pressure Systems (including Steam Boilers at LRI and LGH) then this may result in interruption / disruption to critical business functions for a period outside of current BCP timescales leading to severe harm and service disruption	20	10
3910	Transformation	CIP	If the Trust does not meet its CIP target, then it may result in the Trust not achieving the 2022/23 financial plan, leading to a financial impact of £1m-5m per annum	20	12
4034	Human Resources	Transactional Services	If the Trust does not improve the systems and processes to deliver transactional services aligned to the current and future needs of the organisation, then it may result in systematic failure to deliver high quality service to the workforce, leading to dissatisfaction from our staff in relation to their pay and an inability to attract candidates in a competitive market due to a reputational impact	20	9
4035	Human Resources	Offices	If there is inadequate and poorly maintained infrastructure in Paget House and Baldwin Lodge for People services staff to operate, then it may result in an event that threatens the health, safety, and security of occupants, leading to staff harm, poor staff experience, adverse reputation and litigation cases	20	6
4087	Reconfiguration	NHP	If the Trust is not awarded the full capital funding required for UHL's 'preferred way forward' by NHSE (the New Hospital Programme - NHP), then it may result in the Reconfiguration programme not being delivered in its entirety to mitigate the clinical risk of working across 3 acute sites, as per public consultation	15	10
2565	CMG 1 - CHUGGS	Various	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	20	9
3843	CMG 1 - CHUGGS	Gastro	If the correct admin processes are not followed in CHUGGS CMG including Gastro triage for the patients journey, then it may result in detrimental delays with diagnostic tests and treatment, leading to potential harm and adverse	20	8
3727	CMG 1 - CHUGGS	Haematology	If additional capacity and space cannot be identified to meet the increasing demand on Osborne Day Case services, caused due to Covid-19 space requirements, and need to support SACT and specialist services out of Osborne, then this may result in delayed treatment for patients with curative or highly treatable cancers, leading to potential patient harm, adverse reputation and financial impact	20	12
1149	CMG 1 - CHUGGS	Oncology	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	20	9
3333	CMG 1 - CHUGGS	Oncology	If staffing levels in Oncology service remains below clinic capacity, then it may result in significant delay with patients receiving their first appointments, leading to potential adverse impact on their outcomes and longevity	20	4
3258	CMG 1 - CHUGGS	Radiotherapy	If the radiotherapy service unable to deliver treatments and activity has to be diverted to other radiotherapy service providers, caused due to ageing equipment, then it may result in delays with patient diagnosis leading to potential for a poor patient experience with potential of adversely affecting their outcomes, non-compliance with 62 day standard and a loss of income for the service	20	3
3789	CMG 2 - RRCV	RRCV	If medical and nursing staffing workforce resource is not increased in alignment with BTS ICS guidelines for the management of Level 2 patients on Ward 20 (Ward 35) to support delivery enhanced respiratory care and monitoring. Then it may result in delays with patient treatment and the development of a RSU, leading to potential for patient harm, including impacting on ITU capacity and elective care admissions	20	8
3892	CMG 2 - RRCV	RRCV	If there is a lack of beds at Glenfield hospital to meet the expected demand for Winter for patients requiring emergency respiratory & cardiology care, then it may result in a safety event to those patients who are displaced to elective care beds at the LRI, leading to potential patient harm, admission pressures at the LRI, significant number of elective cancellations and further increase in patient waiting lists	20	12
3967	CMG 2 - RRCV	Cardiology	If the Cardiology service is unable to recruit and retain medical, nursing & AHP staff due to inability to conduct elective activity, then it may result in delays with patient procedures within clinically indicated timescales, leading to patient harm, substantial service disruption and potential litigation	20	8
4050	CMG 2 - RRCV	Transplant	If there are insufficient Transplant surgeons to meet current demand for transplantation of deceased cadaveric and living related donor kidneys, then it may result in delays to care or missed opportunities, leading to potential for harm	20	6
4055	CMG 2 - RRCV	Vascular	If we do not have enough Vascular Consultants to deliver Direct Clinical Care, then it may result in delays with patient diagnosis and/or treatment, leading to patient harm	20	8
3906	CMG 2 - RRCV	Clinical Decisions Unit (CDU)	If there is insufficient capacity in CDU to meet Cardiorespiratory demand, then it may result in time to triage delays, leading to potential patient harm with the inability to transfer patients requiring Cardio-Respiratory support to the Glenfield site and treat patients in a safe and timely manner	20	12
3202	CMG 3 - ESM	Emergency Department	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	20	8
3140	CMG 4 - ITAPS	Theatres	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	20	8
3113	CMG 4 - ITAPS	Critical Care	If the infrastructure in our ICU's is not updated and expanded to meet current standards and demand for all patients requiring level 2 or 3 care, then it may result in a detrimental impact on safety & effectiveness of patient care delivered benchmarked against other centres (ICNARC), leading to potential for patient harm	20	6
3773	CMG 5 - MSK and SS	ENT / Otorhinolaryngology	If ENT services are unable to meet current demand and address the backlog of 18 week and 52 week RTT patients (caused due to the COVID 19 pandemic) then this may result in delays in patient diagnosis and treatment leading to potential harm to patients on the 2WW pathway, significant service disruption, adverse reputation and financial loss	20	6
3714	CMG 5 - MSK and SS	Maxillofacial	If the Max Fax's H&N Consultant Posts cannot be recruited into to meet service demand, then it may result in delayed Cancer Patient Pathways and Treatment, leading to potential harm (failing to achieve Head & Neck 2WW 14 Day appointments for patients and 62 Day Cancer Breaches), adverse reputation, service disruption and financial loss	20	6
3778	CMG 5 - MSK and SS	Trauma Orthopaedics	If Children are cared for in the Fracture clinic in an environment shared with adults without appropriate separation, then it may result in non-compliance with national guidance concerning children's emotional and social care needs, leading to potential harm, adverse reputation	20	12

3817	CMG 6 - CSI	Pharmacy	If the pharmacy service (inclusive of clinical trials) is under-established and / or unable to recruit & retain adequate staff (in either individual teams or across multiple parts of the service) then this may result in the service being unable to maintain current and future workload requirements and meet emerging service development opportunities leading to potential for significant service disruption, patient harm and adverse reputation	20	8
3661	CMG 7 - Children's	Paediatrics (General)	If clinical staffing levels in the general respiratory paediatric service are not increased to meet the high levels of demand, then it may result in delays in diagnosis and treatment for new referrals and follow-up appointments, leading to potential harm, adverse reputation and service impacts	20	8
4044	CMG 7 - Children's	Paediatrics (General)	If nurse to patient ratios in the children's hospital exceed the RCN/NHS safe staffing guidelines for all patients nursed as a children's inpatient during periods of high activity, then it may result in an event that threatens the safety of children, leading to major patient harm	20	9
3143	Estates and Facilities	E&F	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	20	4
3981	Estates and Facilities	EFMC	If the systems and processes for managing waste in UHL are inadequate, then it may result in multiple breaches of UK Waste Management Regulations, leading to potential for adverse reputation, service disruption, harm and financial impact	20	9
4095	Finance and Procurement	Finance	Failure to deliver the UHL 2023/24 financial plan, will result in increased scrutiny from the regulator and impair the ability of the Trust to exit the Recovery Support Programme	20	12
4096	Finance and Procurement	Finance	If insufficient capital funding is available, then it may result in the Trust being unable to address statutory requirements such as health and safety standards / legislation or address backlog maintenance requirements, leading to an increase in clinical service incidents and adverse effect on service continuity, productivity and patient and staff experience	20	12
3996	Operations (Corporate)	UEC	If there is insufficient capacity to meet the Urgent and Emergency Care demand in UHL, then it may result in significant service disruption to patients attending the Emergency Department, Clinical Decisions Unit and Surgical Admission Unit(s), leading to harm and adverse reputation	20	12
4009	Operations (Corporate)	Elective	If there is not a significant increase in capacity above the levels maintained pre-pandemic to support those patients awaiting elective care (both admitted and non-admitted), then it may result in the Trust breaching requirement to see and treat patients within 78 weeks of referral by March 23, leading to adverse reputation (not achieving phase 2 of the National RTT Elective Recovery Plan agenda) and patient harm	20	12
3123	Operations (Corporate)	EPRR	If the Trust was to experience a lack of staff availability caused by Industrial action, adverse weather conditions, disruptions to local or national transport infrastructure or mass resignation, then it may result in widespread delays with patient diagnosis or treatment, leading to potential patient harm and service disruptions □	20	12
4023	Operations (Corporate)	Discharge Team	If the Trust is unable to fully comply with the NICE quality standards relating to Safe and Timely Discharge/ Transfer of Care, then it may result in an event that threatens the safety of patients, leading to potential harm from delays in their reablement / recovery, and poor patient experience	20	12
3260	CMG 1 - CHUGGS	General Surgery	If medical patients are routinely outlited 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.□	16	6
2264	CMG 1 - CHUGGS	General Surgery	If an effective solution for the nurse staffing shortages in CHUGGS at LGH and LRI is not found, then it may result in del detrimental impact on safety & effectiveness of patient care delivered, leading to potential for patient harm	16	6
3999	CMG 1 - CHUGGS	Palliative Care	If health and social care practitioners providing palliative or end of life care do not have full and up to date access to clinical information including advance care planning, records of treatments and specialist palliative care assessments and management, then it may result in an event that threatens the safety of patients, leading to potential patient harm, adverse reputation and non-compliance with NICE recommendations	16	6
4000	CMG 1 - CHUGGS	Palliative Care	If there is no tailored education programme for UHL staff to deliver palliative or end of life care, then it may result in patients not receiving the physical, psychological, spiritual or social care that they require, leading to potential harm, adverse reputation and as part of the palliative or end of life care and non-compliance with NICE guidance in this area (QS13, NG142 NG31 NG150 QS144 and CG140)	16	6
3350	CMG 1 - CHUGGS	Radiotherapy	If staffing levels are not increased within the radiographic workforce of the radiotherapy department during times of peak activity, then it may result in widespread delays with patient diagnosis or treatment, leading to potential patient harm	16	4
3724	CMG 2 - RRCV	Renal	If the green pathway and risk stratification for undertaking transplantation is compromised during COVID-19, due to the significant movement of patients and staff between the renal nephrology wards and the transplant ward, then it may result in an incident occurring that threatens the exposure of COVID19 to patients and staff, leading to potential harm and disruption in the transplant programme	16	10
3645	CMG 2 - RRCV	Haemodialysis	If the Haemodialysis Unit at LGH does not undergo significant refurbishment or replacement, then it may result in detrimental impact on safety & effectiveness of patient care delivered, including spread of infection between patients, leading to potential for patient harm and adverse reputation	16	8
3969	CMG 2 - RRCV	Vascular	If Vascular Surgery do not have sufficient access to theatre resources to meet service demand, then it may result in patient treatment being delayed, leading to potential harm	16	6
3748	CMG 2 - RRCV	Cardiology and Respiratory	If diagnostic capacity is not increased in Cardiology and Respiratory Services to deliver both referral demand and current diagnostic waiting lists (backlog), then it may result in delays with patient diagnosis or treatment, leading to potential for patient harm and breach against delivery of national targets	16	4
3751	CMG 2 - RRCV	RRCV	If capacity is not increased in RRCV specialties to deliver referral demand for 31 day, RTT and Elective patients then it may result in delays with patient diagnosis or treatment leading to potential for patient harm and breach against delivery of national targets	16	4
4086	CMG 2 - RRCV	E&F	If Ward 23 annex bathroom/toilet facilities for patients are not upgraded, then it may result in an increased risk of hospital acquired infection outbreak, leading to patient harm including increased length of stay	16	6
3533	CMG 2 - RRCV	Cardiology	If there is insufficient Medical staff at consultant and registrar level within cardiology services to meet inpatient and outpatient demand, then it may result in widespread delays with patient diagnosis, prognosis and treatment, leading to potential patient harm	16	8
3309	CMG 2 - RRCV	Haemodialysis Units	If the Haemodialysis units do not meet the national requirements for number of isolation facilities, then it may result in del detrimental impact on safety & effectiveness of patient care delivered, leading to potential for harm	16	4
3832	CMG 2 - RRCV	Haemodialysis Units	If the Dialysis Units are unable to meet the increased demand on its services (due to an increase in haemodialysis activity as a result of patient's delaying the start of their dialysis and a reduction of transplant activity last year during the COVID 19 pandemic), then this may result in extended waiting times for patients requiring dialysis, leading to patient harm, deterioration in patient conditions, service disruption and adverse reputation	16	3
3014	CMG 2 - RRCV	Renal Transplant	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	16	9
3210	CMG 2 - RRCV	Renal Transplant	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 □	16	2
3697	CMG 3 - ESM	Emergency Department	If there is no suitably trained and competent transfer team to transfer an unstable patient for Emergency Care who is not requiring mechanical ventilation, then it may result in delays to time-critical definitive patient management, leading to potential for harm, adverse reputation and financial impact	16	4
3796	CMG 3 - ESM	Emergency Department	If there are high levels of registered nurse vacancies within the Adult Emergency Department at the Leicester Royal Infirmary, caused due to difficulty recruiting and poor retention of nursing staff within these areas, then this may result in an incident that threatens the safety of patients and staff, leading to potential harm (widespread delays in assessment and in initial treatment/care and staff burnout), adverse reputation, service disruption and financial loss	16	6
3797	CMG 3 - ESM	Emergency Department	If there are high levels of registered nurse vacancies within the Children's Emergency Department at the Leicester Royal Infirmary, caused due to difficulty recruiting and poor retention of nursing staff within these areas, then this may result in an incident that threatens the safety of patients and staff, leading to potential harm (widespread delays in assessment and in initial treatment/care and staff burnout), adverse reputation, service disruption and financial loss	16	6
3882	CMG 3 - ESM	Emergency Department	If the ED are unable to carry out assessments in line with the 15 minutes time to triage standard, caused due to staffing resource and skill mix, then it may result in delay with timely care and treatment, leading to potential patient harm, poor patient experience, psychological staff impact, service disruption and adverse reputation	16	12
3855	CMG 3 - ESM	Emergency Department	If Children attending the Emergency Department (ED) are not visually assessed by a doctor or nurse immediately upon arrival with clinical assessment undertaken within 15 minutes to determine priority category, caused due to significant staffing vacancies and lack of assessment rooms, then it may result in delays in diagnosis and treatment within standard timeframe's leading to potential for major harm as children are at greater risk than adults for early deterioration due to their non-specific features of illness and ability to verbalise concerns	16	12
4010	CMG 3 - ESM	Metabolic Medicine and Endocrinology	If there is under resourcing for the diabetes dietetic team to meet demand at the LGH, then it may result in delays in advice and treatment to patients, leading to service disruption and patient harm	16	6
3119	CMG 4 - ITAPS	Theatres	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 □	16	8
4037	CMG 4 - ITAPS	Theatres	If ITAPS are unable to replace the current theatre IT system ORMIS with Nervecentre imminently, then this may result in the untimely provision of information leading to potential patient harm, reputational damage and financial loss	16	6
3799	CMG 5 - MSK and SS		If Fracture clinic demand exceeds capacity, caused due to ED occupying parts of the pre-covid Fracture clinic department, then it may result in an event that threatens the health and/or safety of patients, staff, visitors, and/or the public, leading to potential harm, adverse reputation, service disruption and financial impact	16	6

3341	CMG 5 - MSK and SS	Trauma Orthopaedics	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	16	8
3801	CMG 6 - CSI	Diagnostic services	If diagnostic capacity is not increased in diagnostic services to deliver both referral demand and current diagnostic waiting lists, caused due to an increased gap in demand and capacity throughout the Covid 19 pandemic then it may result in delays with patient diagnosis or treatment leading to potential for patient harm and breach against delivery of national targets	16	4
3414	CMG 6 - CSI	Pathology - Immunology	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	16	6
3717	CMG 6 - CSI	Imaging - Plain Films	If the availability of qualified radiographic and sonography staff is limited to meet increasing service demand, then it may result in delays with patient treatment, leading to potential harm and service disruption	16	12
3880	CMG 7 - Children's	EMCHC/Critical Care/ECMO	If Paediatrics are unable to recruit an Electrophysiology Consultant to UHL, then it may result in delay with treatment in a timely manner, leading to potential critical harm, adverse reputation and breach of waiting list targets, service disruption and financial impact	16	6
3935	CMG 7 - W&C	Centre Neonatal Transport Service	If the support provision provided by the St John's Ambulance service to the East Midlands Critical Care Transport Services (CenTre, CoMET and ECMO) is not reliable and of high quality then this may result in delays in treatment and timely transfers of patients requiring specialist treatment leading to potential for major patient harm, adverse reputation and financial loss.	16	8
3788	CMG 7 - Women's	Clinical Genetics	If UHL does not effectively embed genomics testing into its clinical pathways (to enable genomic data to inform treatment choices), then it may result in delays with patient diagnosis and clinical care being compromised, leading to the potential for major patient harm, service disruption, adverse reputation and financial loss	16	6
3782	CMG 7 - Women's	Maternity	If there is a delay in converting to electronic records in maternity service and they continue to have numerous platforms for documenting care, then it may result in an incident around timely access to clinical information that threatens the safety of patients, leading to potential for harm and adverse impact on reputation	16	12
3918	CMG 7 - Women's	Maternity	If the UHL Maternity service continue to roll out continuity of care (COC) pathways to meet trajectories set out by NHS England, when the midwifery staffing establishment is below the Birth rate plus recommendations then it may result in a safety event with women receiving less than the optimum standard of care leading to potential patient harm, significant service disruption, adverse reputation and financial loss	16	8
3528	CMG 7 - Women's	Maternity	If the second theatre Room in delivery suite at the LGH, known as Room 2, is used routinely, then it may result in an increased risk of Healthcare associated infections and safety issues within the environment, leading to potential patient & staff harm	16	4
4089	CMG 7 - Women's	Maternity	Due to the lack of an adequate 24/7 telephone triage process to determine the clinical urgency for Women with unexpected problems or concerns in maternity services, then it may result in significant delays with prompt assessment, leading to adverse maternal or neonatal outcomes	16	6
3565	CMG 7 - Women's	Neonatology	If multiple pieces of equipment on the neonatal unit, fail or become unusable at the same time, caused by a lack of a rolling replacement program, then it may result in detrimental impact on patient safety and quality, leading to potential for harm, reputational, financial and regulatory consequences	16	4
3566	CMG 7 - Women's	Neonatology	If there is an insufficient provision of Allied Health Professional (AHP) support within the neonatal service caused by lack of funded establishment and volume of practitioners available, then it may result in a detrimental impact upon patient care, quality of service and reputation of the neonatal service and the Trust	16	3
3558	CMG 7 - Children's	Paediatrics (General)	If paediatric neurology is unable to secure cover for current consultant vacancy and cover long term sickness of specialist nurse, then it may result in widespread delays with patient diagnosis and treatment, resulting in patient harm and substantial service disruption	16	8
3561	CMG 7 - Children's	Paediatrics (General)	If Children's services are unable to comply with the recommendations in NICE Guideline Recommendations in QS 160, then it may result in Children having inappropriate treatments and interventions, leading to potential for harm	16	6
3647	CMG 7 - Children's	Paediatrics (General)	If the medical staffing issues within the Paediatric Rheumatology Service can't be resolved then it may result in delayed patient diagnosis and treatment (due to increased waiting times) leading to potential patient harm and service disruption	16	1
3585	CMG 7 - Children's	Paediatrics (General)	If HDU provision within Leicester Children's Hospital continues to be inadequate for children requiring higher levels of care, then it may result in poor quality of care, flow, and patient harm	16	8
2153	CMG 7 - Children's	Paediatrics (General)	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	16	8
3936	CMG 7 - Children's	Paediatrics (General)	If we fail to address the shortfall in Medical cover in the General Paediatric service to the establishment required to meet increased clinical demand and compliance with clinic / referral waiting times, then this may result in a systematic failure to provide an acceptable standard of safe service, leading to the potential for major patient harm, significant service disruption, adverse reputation and financial loss	16	8
3904	CMG 7 - Children's	Paediatrics (General)	If the Central England Primary Ciliary Dyskinesia management service based at UHL is unable to address its predicted insufficient workforce capacity (due to forthcoming vacancies), then this may result in delays in performing regular clinical reviews and the safe management of patient's with this rare hereditary disorder, leading to potential for irreversible patient harm, service disruption and adverse reputation with the inability of the service to meet national requirements as specified by NHS England	16	4
4083	CMG 7 - Children's	Paediatrics (General)	If the current Immunology Consultant establishment is below the required level to meet the service requirements, due to staff relocating and shortages nationally and internationally, then it may result in the service in Leicester being non-viable, leading to delays in diagnosis and management of patients	16	6
3962	CMG 7 - Children's	Safeguarding	If the systems and process to provide care and treatment for children with a learning disability or mental health illness are incomplete, then it may result in an incident that threatens the safety of patients, staff and others, leading to potential harm including to young people and adverse reputation	16	12
3201	Communications		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	16	4
3148	Corporate Nursing	Nursing	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	16	12
4068	Corporate Nursing	Patient Safety	If workforce resource is not appropriately funded for implementation of the Patient Safety Incident Response Framework (PSIRF) then it may result in failure to achieve compliance with national contract obligations leading to financial impact	16	8
4076	Corporate Nursing	Tissue Viability Team	If monitoring systems to support early assessment of patients skin to identify pressure damage are not effective, in line with Nice Quality Standard 89, then this may result in pressure ulcer incident's occurring whilst in hospital, leading to potential patient harm, poor experience	16	6
3872	Research and Innovation		If capacity in the clinical trials pharmacy aseptic laboratory is not enhanced (including to specific patient groups including cancer and renal), then it may result in delays to safe and timely preparation of the most modern advanced therapies, leading to potential harm, loss of reputation as a centre of excellence and research active Trust and loss of commercial income	16	12
4080	CMG 1 - CHUGGS	Haematology	As a result of the staffing levels in UHL Anticoagulation team being below establishment due to vacancy and retirement there is a risk of service disruption to the UHL Anticoagulation service leading to potential patient harm with an increase in morbidities and mortalities associated with poor anticoagulation management	15	8
3617	CMG 1 - CHUGGS	Palliative Care	If LLR system-wide governance (including policy, paperwork, process, audit and education) is not agreed for use of subcutaneous medications to manage symptoms in adult patients at the end of life, then it may result in delays for symptom control or medications could be administered without an appropriate assessment of reversible causes of deterioration, leading to potential harm to patients	15	5
3762	CMG 2 - RRCV	Cystic Fibrosis Service	If there is inadequate physical environment for the Cystic Fibrosis Service to operate both inpatient and outpatient services, caused due to building works for Critical Care and poor ventilation in treatment areas, then it may result in a reduction in infection control, leading to potential patient harm with recurrent respiratory infection, adverse reputation with non compliance to service specification laid out by NHS England for CF patients, service disruption with delay in commencement of treatment and financial impact	15	8
3222	CMG 3 - ESM	Emergency Department	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	15	10
3889	CMG 3 - ESM	Metabolic Medicine and Endocrinology	If demand for the diabetes antenatal service continues to exceed capacity, then it may result in widespread delays in patient reviews and treatment, leading to the potential for serious diabetes pregnancy related complications and waiting time target breaches	15	10
3995	CMG 4 - ITAPS		If there are not enough anaesthetists/obstetricians/theatre team or midwives to open two (or three) elective theatres to deliver extra elective Caesarean capacity, then it may result in delays to emergency (cat 1) patients, leading to avoidable HIE or adverse fetal or maternal outcomes (death, haemorrhage, hysterectomy etc) ultimately resulting in internal review and adverse publicity for the trust	15	10
3704	CMG 6 - CSI	Pharmacy	If the oncology/ haematology & aseptic pharmacy team do not have sufficient resource to complete preparatory works associated with the upgrade to version 6 of CIS's ChemoCare software, then it may result in delays in patient treatment and incorrect dosing of systemic anti-cancer therapy (SACT), leading to potential harm, adverse reputation, service disruption and financial loss	15	5
3705	CMG 6 - CSI	Pharmacy	If the oncology, haematology and pharmacy clinical services fail to follow documented protocol (guidelines, policies, procedures and mandated standards) relating to both pharmacy and oncology/haematology, then it may result in increased medication errors, leading to potential harm, adverse reputation, service disruption and financial loss	15	5

3084	CMG 7 - Women's	Neonatology	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.	15	5
3989	Estates and Facilities	Water	If there is a lack of Competent Accountable representatives to actively manage Water Safety in UHL, then it may result in the Trust not being able to demonstrate compliance with Legislative requirements, HTM Guidance, and Industry Best Practice, leading to adverse reputation.	15	10
3655	Finance and Procurement	Procurement	If the Trust is unable to maintain an adequate supply of critical clinical supplies and equipment, caused by critical supply chain failure affecting supply of medicines, medical devices such as ventilators, NIV, CPAP and pumps, clinical consumables, nonmedical goods and PPE, then it may result in sub-optimal patient care, leading to potential for harm and poor experience and clinical outcomes.	15	10
4039	IM&T	IM&T	If the ageing Multitone Bleep System (LRI & LGH) is not replaced and were to fail, then this may result in delays in responding to cardiac arrest events resulting in potential for major patient harm, adverse reputation, service disruption and financial loss.	15	2
3296	Operations (Corporate)	EPRR	If there was a pandemic flu outbreak caused by an eruption of a potentially new strain of the flu virus, then it may result in a detrimental impact on safety & effectiveness of patient care delivered leading to potential of infection to patients, staff and visitors.	15	12
4065	CMG 1 - CHUGGS	Dietetics	If Dietetic staffing levels are below establishment to meet increasing demands in to Adult Gastroenterology Medicine, then it may result in widespread delays with patient assessment and treatment, leading to inequitable care and potential for patient harm in this patient group.	15	6
4057	CMG 2 - RRCV	RRCV	If Dietetic staffing levels are below establishment to meet increasing inpatient dietetic referral demands, then it may result in inpatient dietetic referrals not being seen within 2 day service standard, leading to potential for patient harm.	15	6
3576	CMG 2 - RRCV	RRCV	If there is not adequate staffing resource to support current in-patient service demand for the Home oxygen team, then it may result in patient harm with delays, incomplete or inconsistent assessments, reduced quality of life for patients, increased costs of oxygen provision and potential for withdrawal of CCG funding.	15	6
3043	CMG 2 - RRCV	Cardiology	If cardiac physiologists staffing levels are below establishment, then it may result in diagnostics not being performed in a timely manner, leading to patient harm.	15	6
2804	CMG 3 - ESM	Acute Medicine	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.	15	12
3510	CMG 5 - MSK and SS	Trauma clinic.	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
3605	CMG 6 - CSI	Pathology - Immunology	If staffing levels in the department of Immunology are below the required levels to undertake quality assurance checks on monoclonal serum paraprotein results, then it may result in poor quality of care delivered, leading to potential for patient harm.	15	6
3860	CMG 6 - CSI	Nuclear Medicine	If the Radiopharmacy service is unable to replace the degrading Air Handling Unit and Laminar Air Flow cabinets then this may result in major service disruption leading to potential harm with delays in patient treatment / diagnosis and loss of reputation from Nuclear Medicine service users and regulatory bodies (MHRA).	15	3
3839	CMG 7 - W&C	W&C	If the Women's & Children's specialties with patients on RTT pathways are unable to address the backlog of 52, 78 and 104 plus week waits (caused due to the reconfiguration of activity during the COVID 19 pandemic) then this may result in delays in patient diagnosis and treatment leading to potential patient harm, service disruption, adverse reputation and financial loss.	15	6
3838	CMG 7 - Women's	Neonatology	If the NNU nurse staffing levels fall below the nationally recommended ratio's, then it may result in significant disruption to specialist neonatal care to all babies at LRI and LGH, leading to potential for patient harm, adverse reputation and service disruption.	15	12
1367	CMG 7 - Women's	Neonatology	If Demand for Neonatal Services at LRI and LGH exceeds capacity, then it may result in widespread delays with patient treatment and the neonatal service being unable to admit any babies leading to potential harm.	15	8
3694	CMG 7 - Children's	Paediatrics (General)	If there is a reduction in Paediatric Surgery, Paediatric Urology and Paediatric Orthopaedic services, caused due to Paediatric resources needing to be assigned to support other services within the Trust in response to the Covid-19 pandemic, then it may result in delays in patient treatment and surgery, leading to potential for harm, service disruption and adverse reputation.	15	6
2394	Communications	Communications	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.	15	3
2166	Corporate and Legal Affairs	LH Charity and Fundraising	If fundraising plans are not aligned with CMG and corporate Directorate financial plans, then it may result in reduction in planned income, leading to financial impact.	15	4
3958	IM&T	IM&T	If obsolete clinical IT systems (e.g. Proton, Clinical Workstation) are not upgraded or replaced to be supported to the required level, then it may result in interruption to critical business function, leading to service disruption, potential impact on quality with delays in decision making and financial impact.	15	2
3960	IM&T	IM&T	If out of support IM&T software running critical services fails, then it may result in interruption to critical business function, leading to service disruption, potential impact on quality with delays in decision making and financial impact.	15	2
3955	IM&T	IM&T	If the clinical workstation system providing a full electronic patient record in adult and paediatric diabetes & endocrinology at the LRI is not replaced, then it may result in untimely provision of patient information, leading to interruption to critical business functions, potential impact on quality with delays in decision making and financial impact.	15	2
1693	Operations (Corporate)	Clinical Coding	If clinical coding is not accurate, then it may result in a loss of income resulting in financial impact and loss of Trust reputation.	15	4