

The Integrated Risk and Assurance Report

Author: Head of Risk & Assurance

Sponsor: Stephen Ward – Director of Corporate & Legal Affairs

Trust Board paper E

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)	Monthly	Review and update operational risks on Datix risk register
Executive Board	EPB Aug 20	To discuss BAF and risk register ahead of TB meeting
Trust Board	Today	To review and approve the BAF

Executive Summary

Context

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

Questions

1. What are the highest rated principal risks on the 2020/21 BAF?
2. What are the significant risk themes evidenced on the organisational risk register?
3. How is the Trust managing the risks associated with COVID-19?

Conclusion

1. At the end of quarter 1 2020/2, the highest rated principal risks on the BAF, all rated 20, include:

PR No.	Principal Risk Event	Executive Lead Owner	Current Rating: (L x I)
2	Failure to meet constitutional performance targets	COO	5 x 4 = 20
3	Failure to provide adequate staffing capacity, skill mix and diversity	DPOD	5 x 4 = 20
4	Failure to create and maintain a financially sustainable model	ACFO	4 x 5 = 20
6	Failure of the Trust's critical infrastructure	DEF	4 x 5 = 20

2. There are 309 risks recorded on the organisational risk register as at the end of 30th June 2020.



There have been two 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.

3. The Trust has responded to the needs of the COVID-19 pandemic by modifying its risk management framework to support and enable clinical and operational services to identify, assess, and record COVID-19 related risks across the Trusts activities. Arising from thematic analysis of the COVID-19 incident an overarching high-level COVID-19 risk assessment framework has been developed and monitored by the UHL COVID-19 Strategic Group.

Input Sought

The Board is invited to receive assurance on the process of risk management through the content of this report, noting the work to the Board Assurance Framework 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*
2. *Supporting priorities:*
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:
Strategic: Does this link to a <i>Principal Risk</i> on the BAF?	X	See appendix 1
Organisational: Does this link to an <i>Operational/Corporate Risk</i> on Datix Register	X	See appendix 2
New Risk identified in paper: What <i>type</i> and <i>description</i> ?		
None		

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: 6TH AUGUST 2020

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 30TH JUNE 2020)

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 assurance on the risks contained within the:-
- a. Board Assurance Framework (BAF) and ;
 - b. Organisational (Datix) risk register (including corporate and operational risks).

2. BOARD ASSURANCE FRAMEWORK SUMMARY

2.1 The BAF is an essential governance 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 organisational risk register, in addition to consideration about external threats to the delivery of the Trust's objectives and priorities.

2.2 A detailed version of the 2020/21 BAF for quarter 1 is attached at appendix one. Following the Trust Board Thinking Day in March to agree the principal risks on the BAF, the executive leads have updated their risks and reviewed them at their relevant Executive Board as part of the established BAF governance arrangement.

2.3 The highest rated principal risks on the BAF:

PR No.	Principal Risk Event	Executive Lead Owner	Current Rating: (L x I)
2	Failure to meet constitutional performance targets	COO	5 x 4 = 20
3	Failure to provide adequate staffing capacity, skill mix and diversity	DPOD	5 x 4 = 20
4	Failure to create and maintain a financially sustainable model	ACFO	4 x 5 = 20
6	Failure of the Trust's critical infrastructure	DEF	4 x 5 = 20

2.4 In line with the Board approved BAF governance process, the on-going schedule of deep dive of BAF principal risks, which was suspended by Audit Committees during April and July 2020 because of COVID-19, will re-commence in September 2020.

2.5 In response to the COVID-19 pandemic, the Executive Planning meeting agreed a new principal risk on the BAF (PR 8) concerning the Trust's inability to efficiently return to operating as an acute specialist teaching Trust whilst maintaining our ability to respond to COVID-19, including preparedness and

planning for late presentation of multiple epidemiological events, resulting in rapid operational instability. The current rating is high (16 with likelihood – likely and impact – Major) and is owned by the Director of Strategy and Communications / Acting Chief Operating Officer. The risk is monitored via the Executive Strategy Board on a monthly basis and at the Strategic Recovery Group ahead of a copy being presented to the Trust Board to provide assurance and oversight.

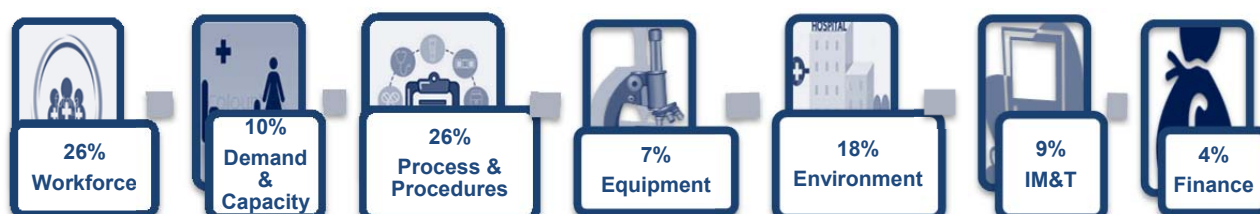
3. ORGANISATIONAL RISK REGISTER SUMMARY

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 309 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 can be accessed by searching on Insite.

Fig 1: UHL Organisational Risk Register profile by current rating (30/06/20)



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



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



3.4 Detail about new risks rated 15 and above entered on the risk register during the reporting period are described below for reference:

ID	CMG	Risk Description – New Risks	Current Rating	Target Rating
3635	MSK & SS	If there continues to be a reduced bed base in the fractured neck of femur service following the move to the LGH, then it may result in delays with NOF Patents surgery and care leading to potential harm, service disruption and failure to meet the 36 hour target	16	9
3628	W&C	If we fail to address the shortfall in consultant cover for paediatric and TYA haematology and oncology, then it may result in delays with diagnosis and	16	8

4 RISK MANAGEMENT RESPONSE TO THE COVID-19 PANDEMIC

- 4.1 The Trust has responded to the needs of the COVID-19 pandemic by modifying its risk management framework to support and enable clinical and operational services to identify, assess, and record COVID-19 related risks across the Trusts activities. In addition to the new Principal Risk 8 on the BAF (concerning recovery and restoration), operational matters arising from thematic analysis of the COVID-19 incident have been managed through an overarching high-level operational COVID-19 risk assessment framework which complements the detailed action logs of both the COVID-19 Tactical and Strategic Groups that each meet on a regular basis under our COVID-19 Command and Control structure. This framework has been updated and scrutinised formally on a weekly basis by the COVID-19 Strategic Group and, following review, has been circulated to the Chairman and Non-Executive Directors in order to provide additional information and insight into the key controls in place/immediate focus of the COVID-19 Strategic Group in the ensuing period.

5 RECOMMENDATIONS

- 5.1 The Board is invited to receive assurance on the process of risk management through the content of this report, noting the work on the Board Assurance Framework 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 Head of Risk & Assurance, 29/07/2020.

Appendix 1 - 2020/21 Board Assurance Framework – (FINAL – June 2020)

2020/21 - Board Assurance Framework

Strategic Objective: Becoming the Best - Delivering caring at its best to every patient, every time	PR No.	Risk Title	Risk Event	Executive Lead Owner	Decision Boards /Monitoring Forums		Current Rating: (L x I)	Target Rating (L x I)	AC Deep Dive Assurance
	1	Clinical quality and patient safety	Failure to deliver agreed quality and clinical outcomes and high standards of patient care	MD/CN	EQB	QOC	3 x 5 = 15	2 x 5 = 10	TBC
	2	Operational Performance	Failure to meet constitutional performance targets (for emergency standard - 4 hour access and planned care standards - avoiding patients waiting in excess of 52 weeks for their planned treatment and maintaining performance against access standards for patients with cancer, with delivery of the 62 day standard)	ACOO	EPB	QOC / PPPC	5 x 4 = 20	3 x 4 = 12	Next AC
	3	Workforce sustainability	Failure to provide adequate staffing capacity, skill mix and diversity	DPOD	EPCB	PPPC	5 x 4 = 20	3 x 4 = 12	24/01/20 (2019/20)
	4	Financial sustainability	Failure to create and maintain a financially sustainable model	ACFO	EPB	FIC	4 x 5 = 20	3 x 5 = 15	06/09/19 (2019/20)
	5	IT (eHospital programme, and maintaining/ improving existing critical infrastructure)	Failure to provide optimised and reliable digital services, realise projected savings and transformational change	CIO	EIM&T	QOC / PPPC	4 x 4 = 16	3 x 4 = 12	06/03/20 (2019/20)
	6	Estates - critical infrastructure	Failure of the Trust's critical estate infrastructure	DEF	ESB	QOC	4 x 5 = 20	2 x 5 = 10	08/11/19 (2019/20)
	7	Estates: reconfiguration - new estate	Failure to create and sustain an estate fit for the future	DEF	ESB / ERB	TB	4 x 4 = 16	3 x 4 = 12	TBC
	8	COVID 19 – recover and restoration / renewal	Rapid operational instability	DSC	ESB	TB	4 x 4 = 16	3 x 4 = 12	TBC

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PR Ref :	PR 1	PR Title:	Clinical quality and patient safety									Last Updated:	09/07/20
Executive lead(s):	Medical Director & Chief Nurse	Lead Executive Board:	EQB			Lead TB sub-committee:	QOC						
AC Deep Dive: Overall Assurance	AC Deep Dive Date:	Have all significant high-level drivers to the risk been identified?			Are there appropriate effective controls in place to mitigate the risk?			Is there adequate outcome evidence the risk is being successfully mitigated?			Are there clear plans in place to treat / manage the risk in the long term?		
	TBC												
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)	
Current rating (L x I)	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			2 x 5 = 10			2 x 5 = 10	
Rationale for score:	COVID has already led to considerable reduction of clinical services and there is a potential for patient harm in those not treated or those that have had delays in treatment												
PR Description	Inability to address the drivers to deliver effective clinical quality and patient safety, may result in fail to deliver high standards of patient care												
Cause(s): Drivers						PR event: If we are unable to address the PR drivers, then it may result in...			Impact: leading to...				
<ul style="list-style-type: none"> A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction. An outbreak of infectious disease (such as pandemic) that forces closure to one or more areas of the hospital and/or causes avoidable serious harm or death to service users. 						failure to deliver agreed quality and clinical outcomes and high standards of patient care			negative impact on patient safety, outcomes and experience, widespread reduction in the quality and effectiveness of clinical care, repeated failure to achieve constitutional standards, service disruption and loss of public confidence in the trust				
Current Likelihood of PR event occurring caused by the drivers described (after controls in place)						Current Impact after controls							
3						5							
Target Likelihood rating of PR event occurring caused by the drivers described (beyond 2020/21)						Target Impact after actions (beyond 2020/21)							
2						5							
Drivers	Primary controls: What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)			Sources of assurance Evidence that the controls/ systems which we are placing reliance on are effective. Internal & External sources of evidence.			Gaps What (a) further action is still needed or (b) controls are not working effectively? (provide details and progress of actions)			key current focus Are there further controls possible in order to reduce risk exposure within tolerable range?			
A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events',	<ul style="list-style-type: none"> Annual quality priorities, along with key enabler priorities – included in the Quality Strategy (BtB), agreed by TB and monitored via the Executive Team. Clinical service structures, accountability & quality governance arrangements at corporate, CMG & specialty levels. Trust wide risk monitoring and governance structure in place including for: risk register, CAS broadcasts, Incident reporting, 			Internal <ul style="list-style-type: none"> Ward assessment & accreditation audits. Monthly Care Review & Learn CMG meetings focussing on the Harm Free Care priorities of Falls and HAPU. Monthly nursing and midwifery sensitive indicators – audit and dashboard review. Quarterly harms review to monitor 			<ul style="list-style-type: none"> Lack of audit of improvement from actions taken to address incidents, risks, alerts, complaints. Some clinical policies and procedures have elapsed review dates. Assessment & accreditation not fully rolled out. Gaps in resource to support the 			<ul style="list-style-type: none"> External (PWC and CCG) audit review of five steps to safer surgery compliance. Policy and Guideline process efficiency review. Complete roll-out for A&A. Themed analysis report to be produced. Standard Operating Procedure to be approved. Quality Improvement posts recruitment complete. Resource being deployed and aligned to support Quality Strategy, Transformation and Efficiency work under new Director post. 			

Appendix 1 - 2020/21 Board Assurance Framework – (FINAL – June 2020)

<p>higher than expected mortality, and significant reduction in patient satisfaction.</p>	<p>Complaints, Claims & Inquests, GP concerns, clinical audit and other patient feedback .</p> <ul style="list-style-type: none"> • Staff training programmes (induction, statutory & mandatory and non-mandatory) – recorded on HELM and monitored via Executive Team. • Maintenance of defined safe staffing levels on wards & departments – nursing and medical monitored on a daily basis. • Policies and procedures and guidelines including NatSSIPs/ LocSSIPs – process for policy approval and docs stored on Policy and Guideline Library. • Senior leadership walkabout programme. • QI safety initiatives embedded in clinical settings – stop the line. • Patient Safety Portal – available on onsite and accessible to all staff. • Dedicated Quality & Safety and ‘time2train’ sessions quarterly. • Appointment of a QI nurse to embed the LocSSIP Quality Assurance framework for invasive procedures. • Bi monthly Quality and Performance nursing and midwifery meeting – Reporting to Nursing and Midwifery Board bi monthly. • Monthly 1:1 Head of Nursing meeting with Deputy Chief Nurse to include all elements of harm free care, patient satisfaction and 15 step/walkabout methodologies. 	<p>compliance with incident theme boards (i.e. falls, safer surgery, VTE, diabetes, deteriorating patient) to detect and monitor harms.</p> <ul style="list-style-type: none"> • CMG PRMs monitor Quality performance and provide 2-way communication forum. • Revised Q&P report facilitates identification of incident / harm themes / trends. • Review and refresh of monthly nursing and midwifery sensitive indicators in line with national guidance and evidence based best practice. <p>External</p> <ul style="list-style-type: none"> • CQC inspection reports. • PwC safety audits. • CCG quality visits. 	<p>Quality Strategy priorities.</p> <ul style="list-style-type: none"> • Unknown impact of endemic risk of COVID-19. • Review and refresh of monthly nursing and midwifery sensitive indicators in line with national guidance and evidence based best practice. 	<ul style="list-style-type: none"> • Review and implement GIRFT actions. • Ongoing Command and Control arrangements to manage COVID-19. • COVID Restoration and Recovery Cells at Trust and CMG level. • Cancer harms review process for emerging Covid-related delays / harms. • Safer Surgery assessment and accreditation process being developed as part of the Safe Surgery and Procedures Quality priority work stream. • Commencement of Pressure Ulcer Steering Group and QI collaborative. • Bi-monthly nursing and midwifery Harm Free Care reports by CMG to the NMQE. • Linking nursing and midwifery assessments completed on NerveCentre directly through to the indicators dashboard. • Harms review process for emerging Covid-related delays / harms.
<p>An outbreak of infectious disease (such as pandemic) that forces closure / significant disruption to one or more service(s) in the hospital.</p>	<ul style="list-style-type: none"> • Chief Nurse identified as DIPaC. • IP service provided Trust wide by the IPC Team incl Lead IP Nurse and IP Doctor. • Infection Prevention policy. • Infection Prevention procedures, including: <ul style="list-style-type: none"> ○ Management of infected linen. ○ Provision of food to quarantined patients • Staff training including mandatory e-learning and fit testing. • Environmental cleaning Procedures / Standards in all areas • Decontamination standards • Designated side rooms & cohorting areas 	<p>Internal:</p> <ul style="list-style-type: none"> • Infection Prevention Team providing expert and professional advice to the DIPaC (CN) and Executive Team. • Extraordinary TIPAC meeting (Covid-19: 6th May with outline guidance/SOP circulated to CMGs). • In receipt of national guidance re Covid-19 swabbing of patients, which the Microbiology team and ICD advise CMGs and the Demand and Capacity Group. • FFP3 mask risk assessment fit/check process undertaken by Infection 	<ul style="list-style-type: none"> • National Board Assurance IP gap analysis. • Ability to social distance in some outpatient/ waiting areas / triage areas. 	<ul style="list-style-type: none"> • National Board Assurance IP gap analysis underway is being coordinated by Senior Nursing Team.

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	<p>identified for suspected patients.</p> <ul style="list-style-type: none"> • Restricted access to wards, units and departments by staff and visitors. • Measures to support social distancing in public areas. • PPE guidance & regular communication in place in line with PHE recommendations. • PPE safety champions implemented. 	<p>Control Doctor and agreed by COVID-19 Strategy Group.</p> <ul style="list-style-type: none"> • Receipt of correspondence from the centre confirming stabilisation of FFP3 supply, meaning we will be in receipt of 80:20 split of brands of masks. Requests for stocks, of the Trust's preferred FSM18 mask, will continue to be escalated to the National Team/Supply Chain. <p>External</p> <ul style="list-style-type: none"> • CQC Infection control Board Assurance Framework. • LLR SLT providing a co-ordinated response to threats. 		
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PR Ref :	PR 2	PR Title:	Operational Performance									Last Updated:	16/07/20
Executive lead(s):	Acting Chief Operating Officer		Lead Executive Board:	EPB			Lead TB sub-committee:	PPPC / QOC					
AC Deep Dive 20/21: Overall Assurance	AC Deep Dive Date:	Have all significant high-level drivers to the risk been identified?			Are there appropriate effective controls in place to mitigate the risk?			Is there adequate outcome evidence the risk is being successfully mitigated?			Are there clear plans in place to treat / manage the risk in the long term?		
	TBC												
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)	
Current rating (L x I)	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			5 x 4 = 20	
Rationale for score:	It is still rated as more likely to happen than not, especially following the COVID-19 pandemic. We ensure there is clinical involvement risk assessing patients to try to ensure the impact does not increase further. Urgent and Cancer are prioritised over long waiters using the national framework.												
PR Description	Inability to address the drivers to deliver the key operational performance standards, may result in failure to deliver trajectories for emergency, planned and cancer care												
Cause(s): Drivers						PR event: <i>If we are unable to address the PR drivers, then it may result in...</i>			Impact: <i>leading to...</i>				
<ul style="list-style-type: none"> Emergency care: Growth in demand for care caused by an ageing population; reduced social care funding; increased acuity leading to more admissions & longer length of stay; operational system failure (including GP ability to cope with demand). Also the requirement to cohort patients by COVID creates a risk on emergency care flow. Planned Care: Emergency pressures for inpatient beds resulting in fewer elective operations than planned. Through the new process required within the theatre setting this has impacted heavily on the throughput of patients. There are a significant number of patients already breached 52 weeks and this will increase the risk of further patients breaching the 52 weeks each month. Cancer Care: Diagnostic and Theatre capacity pressures through the reduction in throughput of patients through clinics and theatres. Also the available access to high dependency beds. Increased cancer backlogs as a result of COVID and decreased activity during the peak of the pandemic and decreased activity post the pandemic peak due to PPE and social distancing and patients choosing not to attend. 						failure to meet constitutional performance targets (for emergency standard - 4 hour access and planned care standards - avoiding patients waiting in excess of 52 weeks for their planned treatment and maintaining performance against access standards for patients with cancer, with delivery of the 62 day standard)			negative impact on patient safety, outcomes and experience, widespread reduction in the quality and effectiveness of clinical care, repeated failure to achieve constitutional standards and loss of public confidence in the trust				
Current Likelihood of PR event occurring caused by the drivers described (after controls in place)						Current Impact after controls							
5						4							
Target Likelihood rating of PR event occurring caused by the drivers described (beyond 2020/21)						Target Impact after actions (beyond 2020/21)							
3						4							
Drivers	Primary controls: What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)			Sources of assurance Evidence that the controls/ systems which we are placing reliance on are effective. Internal & External sources of evidence.			Gaps What (a) further action is still needed or (b) controls are not working effectively? (provide details and progress of actions)			key current focus Are there further controls possible in order to reduce risk exposure within tolerable range?			

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<ul style="list-style-type: none"> Emergency Care: Growth in demand for care caused by an ageing population; reduced social care funding; increased acuity leading to more admissions & longer length of stay; operational system failure (including GP ability to cope with demand) Also the requirement to cohort patients by COVID create a risk on emergency care flow. 	<ul style="list-style-type: none"> Implementation of a Discharge Hub. With a philosophy of discharge within 24 hours of medically fit for discharge. Maximise the use of SDEC. Capacity and demand bed modelling reviewed at OMG quarterly. Timely booking of transport to avoid delay to patient discharge. Identification of next day discharges to support early flow. Operational command meeting with OPEL triggers appropriate to each level. Admission prevention & avoidance projects owned by LLR Alert to system partners to ensure action is triggered prior to the 10.30am call Increase utilisation of discharge lounge Early initiation of TTO's from ward areas Emergency Department separated into two, with covid/non-covid space Front door team can access primary care community appointments to deflect appropriate patients Frailty consultants on the phone for calls from EMAS and GPs for patients in care/residential homes to avoid admission where possible GPAU open and staffed 24/7 	<p>Internal:</p> <ul style="list-style-type: none"> ED patients waiting time report. Bed occupancy report. UHL Capacity Reports. Daily medically fit for discharge numbers Stranded and super-stranded patient data. Quarterly Bed Modelling report. Daily performance metrics for all ED areas 	<ul style="list-style-type: none"> Nursing workforce constraints continue to hamper flow and impacts on patient experience and performance (breached). Ability to discharge patients to community beds and care homes due to waiting for COVID-19 swabs. Bed capacity modelling identifies a shortfall in medicine beds – medicine using other wards due to COVID-19 patients streams. Rapid flow cannot occur due to COVID-19 nor can waiting rooms become crowded. Patients cannot wait on the back of ambulances. Medical workforce to cover 2 emergency departments and assessment areas. 	<ul style="list-style-type: none"> Utilisation of available community beds – support earlier identification and handover of patients on the day prior to discharge to support better discharge planning. Maximise the use of the discharge hub. Review of discharge hub and pathways is currently being undertaken. The onset of COVID-19 pandemic has resulted a change of business continuity plans in order to ensure emergency bed capacity is available for the forecasted increase in cases. The trust is now reinstating elective surgery and outpatients but ensuring this will not impact on emergency flow and maintains COVID-19 streams. Implementation of Think 111 across LLR (September 2020).
<ul style="list-style-type: none"> Planned care: Emergency pressures for inpatient beds resulting in fewer elective operations than planned. Through the new process required within the theatre setting this has impacted heavily on the throughput of patients. There are a significant number 	<ul style="list-style-type: none"> Trust Access Policy. NHS Constitution. Demand and capacity modelling. Bi-weekly calls with NHSE/I. Weekly RTT submission. 	<p>Internal:</p> <ul style="list-style-type: none"> Weekly Access Meeting. Monthly system Activity Triangulation meeting. Performance Review Meeting. Long Waiters Report. Bi-weekly 40+ week report. 	<ul style="list-style-type: none"> Reduction in capacity from original 2020/21 plans due to changes in pension rules and reduced discretionary effort. LLR FOT significantly over financial plan. System partners looking to further reduce spend including further flexing outwards of waiting times and waiting list size. Emergency pressures for inpatient beds resulting in fewer elective operations 	<ul style="list-style-type: none"> Demand management plans including RSS supporting to bridge capacity gap. Waiting list is currently 66082 which is 300 below January target but above trajectory by 400. This is now being managed through the weekly access meeting with each speciality. AIC agreed for planned for remainder of 2020/21. COVID-19 has impacted with cancellation of non-essential face to face activity and conversation to virtual/telephone appointments. Significant drop in clock stops seen in April, circa 13000K 1495x 52 week breaches at the end of May due to pause in routine elective work during COVID-19 pandemic. The Trust has started to utilise

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<p>of patients already breached 52 weeks and this will increase the risk of further patients breaching the 52 weeks each month.</p>			<p>than planned, Creating increase in number of patients that are at risk of breaching 52 weeks each month.</p> <ul style="list-style-type: none"> • COVID-19 National mandate to stop all non-urgent and cancer routine elective work. Has caused a significant amount of 52+ week breaches. Reduction in theatre capacity will lead to further 52 week breaches. • Ability to social distance in some Outpatients clinics and waiting areas / triage areas. 	<p>the independent sector. Also looking how PCL can be utilised to help with long waiters and address the problem system wide. This has been really positive for cataracts.</p> <ul style="list-style-type: none"> • Trust is currently following national guidance to convert outpatients to non-face to face where possible as a result of COVID-19. The trust are working on plans to reinstate elective work but is still been impacted significantly through theatre capacity due to turn around time between cases. Recovery plan being developed. National guidance has stopped the transactional management of 52 week breaches. • Environmental assessments with IP team including spacing of chairs in clinics /waiting / triage areas and limits of number of patients entering waiting areas / triage areas. Patients encouraged to attend unaccompanied with friends and relatives to wait outside.
<ul style="list-style-type: none"> • Cancer Care: Increased cancer backlogs as a result of COVID and decreased activity during the peak of the pandemic and decreased activity post the pandemic peak due to PPE and social distancing and patients choosing not to attend. 	<ul style="list-style-type: none"> • Trust Access Policy. • NHS Constitution. • Daily calls with NHSE/I and UHL to manage the backlog. • COVID demand and capacity and tactical meetings. 	<p>Internal:</p> <ul style="list-style-type: none"> • Cancer Action Board. • CMG Performance Review Meetings (internal). • Escalation Meetings (internal). • UHL Cancer Board Meeting (internal). • System Cancer Pathway and Performance Board (internal). • Daily Cancer PTL report (internal). • Weekly backlog update report (internal). • Daily Tumour site TCI report (internal). • PWC internal audit Data Quality review – 62 day cancer target (external). • SOP for the assessment of potential harm to cancer patients where the treatment pathway/plan has deviated from nationally agreed clinical guidelines as a result of COVID-19 ratified by the MDTs. 	<ul style="list-style-type: none"> • COVID tumour specific and national guidance on changes to pathways – linked to the new Somerset IT system to ensure all processes have been completed. • Sickness and vacancies in challenged tumour sites. • Decrease in activity 2ww referrals diagnostics and treatment as a result of COVID. • Later impact when referrals resume there will be a likely peak of numbers. • Later impact of restart in diagnostics resulting in a peak of patients progressing to treatment. • Planned restart of treatments use of the independent sector. 	<ul style="list-style-type: none"> • Restart of cancer diagnostics e.g. endoscopy. • Increased theatre utilisation for cancer – additional sessions being provided at LGH. • Continued use of IS re utilisation of their capacity to support cancer delivery Increased patient support during challenged period. • Daily 104 day chase from DOI to ensure patients are being seen as quickly as possible. • Trajectories agreed by tumour site for recovery over the next 6 weeks and then to full recovery • CMG's being engaged in agreeing trajectories and actions to deliver.

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PR Ref :	PR 3	PR Title:	Workforce sustainability									Last Updated:	16/07/20
Executive lead(s):	Director of People & Organisational Development		Lead Executive Board:	EPCB		Lead TB sub-committee:	PPPC						
AC Deep Dive: Overall Assurance	AC Deep Dive Date:	Have all significant high-level drivers to the risk been identified?			Are there appropriate effective controls in place to mitigate the risk?			Is there adequate outcome evidence the risk is being successfully mitigated?			Are there clear plans in place to treat / manage the risk in the long term?		
	TBC												
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)	
Current rating (L x I)	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:	Given the current staffing capacity issues during Covid-19												
PR Description	Inability to address the drivers to deliver the People Strategy may result in failure to provide adequate staffing capacity, skill mix and diversity												
Cause(s): Drivers						PR event: If we are unable to address the PR drivers, then it may result in...			Impact: leading to...				
<ul style="list-style-type: none"> Failure to recruit Failure to develop. Failure to retain. 						failure to provide adequate staffing capacity, skill mix and diversity			prolonged, widespread reduction in the quality and effectiveness of clinical care, repeated failure to achieve constitutional standards and loss of public confidence in the trust				
Current Likelihood of PR event occurring caused by the drivers described (after controls in place)									Current Impact after controls				
5									4				
Target Likelihood rating of PR event occurring caused by the drivers described (beyond 2020/21)									Target Impact after actions (beyond 2020/21)				
3									4				
Drivers	Primary controls: What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)			Sources of assurance Evidence that the controls/ systems which we are placing reliance on are effective. Internal & External sources of evidence.			Gaps What (a) further action is still needed or (b) controls are not working effectively? (provide details and progress of actions)			key current focus Are there further controls possible in order to reduce risk exposure within tolerable range?			
Failure to recruit	<ul style="list-style-type: none"> People strategy in place covering talent identification, staff engagement and workforce planning - available on Insite, ratified by TB – Reporting to EPCB and PPPC. Nursing and Midwifery WF plan (appendix of People Strategy) aligned to NHS interim People Plan – defined 12 month deliverables. Medical WF plan (appendix of People Strategy) aligned to NHS interim People Plan – defined 12 month deliverables. People management policies, processes and 			Internal: <ul style="list-style-type: none"> Validation of CMG WF risks monitored monthly via PRMs. Monthly Workforce Data Set. External: <ul style="list-style-type: none"> PWC audit scheduled in Q4 19/20 – outcomes expected. 			<ul style="list-style-type: none"> Significant vacancy areas remain - e.g. Lack of skilled nursing workforce. Developed WF plans for other staff groups e.g. AHP's, A&C staff. Lack of nationally defined and agreed benchmarks. System & UHL capacity for WF planning. Management of 			<ul style="list-style-type: none"> Scoping Trust attraction and retention approach to align activities for maximum effect, incorporating EDI across the system and more increasing diverse supply routes (e.g. STEM and Health Ambassadors). Refresh of 5 year WF plan - in progress to incorporate reconfiguration and system planning. Rebranding recruitment campaigns following successful £450m monies. WF Reporting - joined up approaches being reviewed as part of system and corporate priorities. Confirming system & organisational capacity for delivery of 			

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	<p>professional support tools – available on Insite (including Recruitment and Selection Policy and Procedure) – process to review and update policies as appropriate.</p> <ul style="list-style-type: none"> • Vacancy management and recruitment / retention process (TRAC system) – Time to Hire KPI in place, Apprenticeships, Graduate scheme monitoring reported monthly as part of monthly WF data set. • Recruitment & overseas recruitment campaigns as part of corporate and CMG Workforce plans. 		<p>Workforce pressures across the system i.e. PCN's.</p> <ul style="list-style-type: none"> • Within UHL - Fully joined up and integrated reporting/ IT systems across Finance, Workforce (ESR) and E rostering in regard to WF numbers. 	<p>the core offer/ people promise.</p>
Failure to develop	<ul style="list-style-type: none"> • 5 year People strategy in place covering talent identification, staff engagement - available on Insite, ratified by TB – Reporting to EPCB & PPPC. • Becoming the Best – Revised quality improvement approach currently being linked with efficiency and being redesigned for implementation with effect from July to provide a much more integrated and joined up programme. • Nursing and Midwifery WF plan (appendix of People Strategy) aligned to NHS interim People Plan – defined 12 month deliverables. • Medical WF plan (appendix of People Strategy) aligned to NHS interim People Plan – defined 12 month deliverables. • People management & wellbeing strategies, policies, processes and professional support tools to support talent management and people capability development. 	<ul style="list-style-type: none"> • Core skills development including Statutory and Mandatory training – regular reporting as part of CMG PRMs and EPCB. 	<ul style="list-style-type: none"> • Capacity gap for delivery of People Strategy and capacity gap at system level identified. 	<ul style="list-style-type: none"> • Capacity review underway - Resource agreed. System gap to be finalised with system leaders in June 20. System capacity out for expressions of interest in July 20. • Refresh the mid leadership development programme to reflect the agreed 10 system expectations. • Review of Learning and Development programmes ensuring that delivery is supported virtually. • Review of people policies and practice to support People Strategy delivery. • Alignment of workforce planning approach to system and organisational needs with link to COVID restoration and recovery work streams. • LLR system approach to Restoration and recovery agreed – first iterative submission made. • Plan for full roll of all staff COVID Risk assessment process in place. • Agreement of LLR EDI System Programme of work for next 12 months with key priorities around talent management and compassionate leadership development.
Failure to retain	<ul style="list-style-type: none"> • People Strategy – Becoming the Best – defined measures reporting to EPCB and PPPC. • Nursing and Midwifery WF plan (appendix of People Strategy) aligned to NHS interim People Plan – defined 12 month deliverables. • Medical WF plan (appendix of People Strategy) aligned to NHS interim People Plan – defined 12 month deliverables. • Health and Well Being Winter Plan. 	<ul style="list-style-type: none"> • Equality and Diversity Board and integrated action plan. • Employee Health & Wellbeing Steering Group and Action Plan. • Flexible working task and finish group established. • Flexible working and support for agile working being developed as part of recovering and restoration. 	<ul style="list-style-type: none"> • Developed WF plans for other staff groups e.g. AHP's, A&C, E&F staff. • Difficulties releasing clinical staff from duties to attend training / development. • To add new indicators e.g. Learning Disability Employment programme and Sexual Orientation monitoring standard. 	<ul style="list-style-type: none"> • Development of staff group specific WF plans. Refreshed required subject to national people plan publication. • A) EDI Broader workshop focus will take place by Sept. • B) HWB Strategy and work programme agreed for 20/21 – comms in place strategy to support. On-going - Refresh in progress for COVID recovery. • Exploring approaches to strengthen UHL networks and the Trust Board • Resuming WRES and WDES • Undertaking a gap analysis of representation across UHL governance structures. • Strengthening approaches to flexible working and enabling an agile workforce. • Plan for asymptomatic staff testing being implemented alongside symptomatic testing in place.

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PR Ref :	PR 4	PR Title:	Financial sustainability									Last Updated:	22/07/20
Executive lead(s):	Acting Chief Financial Officer		Lead Executive Board:	EPB			Lead TB sub-committee:	FIC					
AC Deep Dive: Overall Assurance	AC Deep Dive Date:	Have all significant high-level drivers to the risk been identified?			Are there appropriate effective controls in place to mitigate the risk?			Is there adequate outcome evidence the risk is being successfully mitigated?			Are there clear plans in place to treat / manage the risk in the long term?		
	TBC												
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)	
Current rating (L x I)	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			3 x 5 = 15	
Rationale for score:	Due to Covid-19 the Trust's monthly income and deficit is fully funded via national Top Up funding from April 2020 to July 2020, with national guidance from August 2020 to the end of the financial year currently anticipated. The enhanced PMO structure and external support to deliver efficiencies will drive the delivery of a £22m cost improvement programme from August 2020 to March 2021, and the investment controls (capital and revenue) and oversight by the Financial Recovery Board (FRB) will ensure that cost pressures are controlled. Performance against the financial plan will be monitored and reported to FRB, EPB, FIC and TB, and any risk assessed remedial measures will be implemented. A reduction in the risk score will reflect the delivery of improved financial controls and governance, and delivery of operational and financial plan trajectories.												
PR Description	Inability to address the drivers risking delivery of the agreed 2020/21 required operational and financial plan trajectories may result in a failure to achieve and maintain financial sustainability.												
Cause(s): Drivers						PR event: If we are unable to address the PR drivers, then it may result in...			Impact: leading to...				
<ul style="list-style-type: none"> Failure to deliver the agreed Trust Control Totals. At the highest level this will be through a failure to maintain revenue and capital expenditure within the agreed Control Totals and/or receive the planned income from commissioners and other external sources. There could be a number of reasons for this: <ul style="list-style-type: none"> Failure of CMGs and Directorates to deliver their approved budgets via inability to deliver Covid-19 restoration and recovery plans within available resource, and non-delivery of workforce and operational efficiency and savings plans, resulting in unplanned use of premium costs to deliver patient activity. Failure to make necessary improvements required to Trust financial controls and governance, via training and development of the Board on NHS financial management, and lack of adherence to Trust policies and strengthened financial controls. Failure to deliver the Trust's capital programme within the approved expenditure limits (CDEL). System imbalance and commissioner affordability. 						failure to create and maintain a financially sustainable model			Prolonged, widespread reduction in the quality and effectiveness of clinical care, repeated failure to achieve constitutional standards, deteriorating condition of clinical estate and growth in the burden of backlog maintenance and medical equipment replacement, and loss of public confidence in the Trust.				
Current Likelihood of PR event occurring caused by the drivers described (after controls in place)						Current Impact after controls							
4						5							
Target Likelihood rating of PR event occurring caused by the drivers described (beyond 2020/21)						Target Impact after actions (beyond 2020/21)							
3						5							

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Drivers	Primary controls: What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Sources of assurance Evidence that the controls/ systems which we are placing reliance on are effective. Internal & External sources of evidence.	Gaps What (a) further action is still needed or (b) controls are not working effectively? (provide details and progress of actions)	key current focus Are there further controls possible in order to reduce risk exposure within tolerable range?
<p>Failure of CMGs and Directorates to deliver their approved budgets - Non-delivery of, CMG, Corporate Directorate Control Totals and overall Trust financial plan.</p>	<ul style="list-style-type: none"> 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. Signed-off interim April to July 2020 Control Totals for CMGs and Corporate Directorates that are monitored and managed within the Financial Performance Management Framework. Finalisation and approval of the Trust’s workforce and operational plans and final 2020/21 CMG and Directorate Control Totals signed off by 31st August 2021. Approval of 2020/21 savings plan by 31st August 2020. CIP tracker which logs and reports CIP schemes at a departmental and work stream level. Transformation Leads within the CMGs to lead delivery of local schemes and an enhanced PMO to oversee and report on progress. Quality Impact Assessment (QIA) gateway process for investments and cost savings/CIPs – i.e. assessing the potential impact of investments and efficiencies on patient safety/ demand/capacity challenges. This process is overseen by the COO, Medical Director, Chief Nurse & CFO. Strengthened financial controls and governance as approved through the FRB, in line with national and Trust guidance. 	<ul style="list-style-type: none"> FRB chaired by Acting CEO - providing increased scrutiny and corporate oversight including strengthening “Grip and Control” measures. Financial governance and performance monitoring arrangements at Trust Board (TB), Finance & Investment Committee (FIC), Audit Committee, Executive Meetings (EPB), CMG PRMs, Directorate and CMG service line reviews. Monthly reporting of savings to FRB, EPB and FIC, incorporating progress on key actions and savings delivered. Cost pressures and service developments minimised and managed through the FRB. NHSE&I performance review meetings including I&E submissions and additional monthly review meetings with NHSE&I Finance Team to review financial position including CIP and assessment of financial risks. Delivery of the Internal Audit Plan reported to Audit Committee. 	<ul style="list-style-type: none"> Current resources overseeing the delivery of the Trust’s service and financial improvement work are not sufficient to ensure effective delivery. A new and better resourced/centrally co-ordinated team is now being implemented (target - 31st August 2020). This will cover: Transformation, PMO, Quality Improvement and CIP. Assurance on delivery of CIP schemes for 2020/21. The Trust is in the process of appointing external support to drive delivery of the 2020/21 CIP. This is currently subject to a procurement process and then approval from NHSE&I, to commence from August 2020. Development and support of the Finance and Procurement function to ensure effective financial control and oversight of the improvements outlined. Initial work has commenced via a development and training programme (see further controls). Further actions to address resource gaps within the central Finance function are also in progress. Reporting of service Line 	<ul style="list-style-type: none"> Development and support of the Finance and Procurement function: It is proposed that the initial development programme already outlined is followed up with a comprehensive and ongoing programme of support and improvement for the Finance and Procurement function. The aim should be to progressively improve the effectiveness of the function and this will be demonstrated accreditation against the NHS Future Focused Finance Programme by July 2021. Securing accreditation will provide additional assurance that the improvements being made are sustainable and ultimately considered best practice nationally within the NHS. Strengthening of the Finance and Procurement function by 31st March 2021. Strengthening financial performance management from June 2020, via the CMG Performance Review meetings, with focus on financial performance consistent to that of operational and quality performance. Training and development programme on financial management for budget holders and other staff, commencing March 2021.

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			financial performance and patient level costs to FRB, EPB and FIC (initially on a quarterly basis, and then monthly) from October 2020.	
Failure to make improvements required to Financial controls and governance.	<ul style="list-style-type: none"> Action plan to strengthen financial governance to FRB and FIC, (incorporating recommendations from the NHSE&I investigation), approved by FRB. Redesignation and strengthening of Financial Management Meeting to Financial Recovery Board (FRB) Trust Standing Financial Instructions (SFI's), Standing Orders (SO's) and Scheme of Delegation (SoD). Board training and development programme on NHS financial management. 	<ul style="list-style-type: none"> Delivery of the Internal Audit Plan reported to Audit Committee. NHSE&I Use of Resources Assessment. Ongoing reporting of financial controls and governance action plan to FRB, EPB, FIC and TB. 	<ul style="list-style-type: none"> Appointment of Finance Improvement Director. Increased oversight by NHSE&I. 	<ul style="list-style-type: none"> Development of an action plan to strengthen financial controls and governance, for approval by FRB on 28th July 2020 and reporting to FIC on 30th July 2020. Linked to the above the review and amendment to the Trusts SFI's, SO's and SoD by 30th September 2020.
Failure to deliver the Trust's capital programme within the approved expenditure limits (CDEL).	<ul style="list-style-type: none"> Approval of annual capital plan by Capital Investment & Monitoring Committee (CMIC), FRB, EPB and FIC. 	<ul style="list-style-type: none"> Monthly reporting of capital expenditure to CMIC, EPB, FIC and TB. Review of capital expenditure by FRB. 	<ul style="list-style-type: none"> Development of a long term Trust and LLR system capital plan, incorporating the Trust's reconfiguration plan and Estates Strategy. 	<ul style="list-style-type: none"> Development of enhanced financial approval controls for capital expenditure, implemented by 31st August 2020.
System imbalance and Commissioner affordability.	<ul style="list-style-type: none"> Governance structure and escalation process in place with regular reports around Contract Management Performance with CCGs and Specialised Commissioning. Engagement with stakeholders across local health system to establish foresight and adaptive capacity in the event of practice collapse. 	<ul style="list-style-type: none"> FRB chaired by CEO (internal). LLR system-wide Financial Recovery Board in place in conjunction with System Sustainability Group (SSG) (external). 	<ul style="list-style-type: none"> Development of a Trust and LLR system long term plan (operational, workforce and financial plan). 	<ul style="list-style-type: none"> Development of a Trust and LLR system long term plan (operational, workforce and financial plan) – review by 31st July 2020.

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PR Ref :	PR 5	PR Title:	IT (eHospital programme, and maintaining/ improving existing critical infrastructure)									Last Updated:	02/07/20
Executive lead(s):	Chief Information Officer		Lead Executive Board:	EIM&TB		Lead TB sub-committee:	PPPC						
AC Deep Dive: Overall Assurance	AC Deep Dive Date:	Have all significant high-level drivers to the risk been identified?			Are there appropriate effective controls in place to mitigate the risk?			Is there adequate outcome evidence the risk is being successfully mitigated?		Are there clear plans in place to treat / manage the risk in the long term?			
	TBC												
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)	
Current rating (L x I)	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:	Reducing the likelihood and impact of this risk requires progressing the long term objective to reduce on premise IT hosting, and re architecting critical applications to enable access via alternative routes. The timeline for substantial progress in this area is in excess of 12 months and includes dependencies on the site reconfiguration programme however a number of the gaps will be mitigated via ongoing work from the IT programme during 2020/21. Consequently, it is not anticipated to reduce below 20 during 2020/21.												
PR Description	Inability to address the drivers to deliver the ehospital programme and improve existing IT infrastructure, may result in a failure to provide optimised digital services												
Cause(s): Drivers						PR event: If we are unable to address the PR drivers, then it may result in...			Impact: leading to...				
<ul style="list-style-type: none"> Lack of capital funding / investment in IT infrastructure may lead to critical failure - failure of software / hardware, cyber-attack, information security breach – loss of patient data, Big Bang or Rising Tide event - fire, flood, terrorist attack Lack of ability to change process and/or culture at sufficient pace to realise the projected benefits of the eHospital programme by 2022. 						failure to provide optimised and reliable digital services, realise projected savings and transformational change			widespread disruption to the continuity of core critical services, poorly coordinated care and experience for patients, reduction in the quality and effectiveness of clinical care, repeated failure to achieve constitutional standards and loss of public confidence in the trust				
Current Likelihood of PR event occurring caused by the drivers described (after controls in place)						Current Impact after controls							
4 - likely						4 – major							
Target Likelihood rating of PR event occurring caused by the drivers described						Target Impact after actions							
3 – possible						4 – major							
Drivers	Primary controls: What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)			Sources of assurance Evidence that the controls/ systems which we are placing reliance on are effective. Internal & External sources of evidence.			Gaps What (a) further action is still needed or (b) controls are not working effectively? (provide details and progress of actions)			key current focus Are there further controls possible in order to reduce risk exposure within tolerable range?			
Critical failure caused by lack of capital funding / historic investment in IT infrastructure (failure of software / hardware, cyber-attack,	<ul style="list-style-type: none"> Emergency Preparedness, Resilience and Response (EPRR) Board - chaired by AEO, meets quarterly to review (3 year) work plan, which includes include IM&T resilience work, with representative from all CMGs and corporate services. EPRR Policy & Incident response plans on Insite, in date. Cyber security measures in place including 			<ul style="list-style-type: none"> PWC Audit of EPRR & IM&T Disaster Recovery – report (external): <ul style="list-style-type: none"> EPRR: the plan contains the activities to improve compliance. Good practice around disaster recovery identified 			<ul style="list-style-type: none"> Trust wide Business Continuity Plans incomplete / variable quality and not fully tested. Critical applications not fully redundant by design – EPR is work in progress Information Asset Register (IAR) incomplete and not up to date Risks around server 			<ul style="list-style-type: none"> EPRR Team to support development and testing of CMG Business Continuity plans (September 2020). With IM&T vendors, develop redundant architecture for critical applications in particular the electronic patient record (EPR) system (February 2021); Undertake Corporate Records Audit and completion of the info Asset Register (IAR) (March 2021). Progress data centre strategy including improved 			

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<p>information security breach – loss of patient data, Big Bang or Rising Tide event - fire, flood, terrorist attack)</p>	<p>monitoring of threats via NHS Digital CareCert, vulnerability scanning & 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&T managed business partner, recognised corporate risk around behaviours with actions to raise awareness via comms campaigns.</p> <ul style="list-style-type: none"> • Critical IM&T applications redundant by design utilising hybrid cloud hosting capabilities to reduce dependency on physical data centres. • IM&T Business Continuity and Disaster Recovery Plans in place and tested regularly. • Organisation wide Business Continuity Plans in development (recognised there is a gap at present because some are incomplete). • Regular IT – estates forum in place to agree responsibility for and prioritise critical remedial works 	<p>in PwC Audit - Compliance within IT data centres (May 2019).</p> <ul style="list-style-type: none"> • NHSE EPRR Core Standards self-assessment – partially compliant (2018/19) (external). • EPRR and IM&T infrastructure risks uploaded onto the Datix risk register (internal). • Regular independent testing and cyber security audits (internal & external). • PWC Review - Data Security and Protection (DSP) Toolkit as required by NHS Digital. • Internal audit of cyber security posture scoped for inclusion in trust IA plan for 2020/21. • NHS Digital funded support via Templar Executives for cyber security and awareness activities during 2020/21. 	<p>infrastructure dependent on execution of IM&T data centre strategy and move away from dependency on LRI Kensington data centre. There is a dependency on the reconfiguration programme and ability to fund IT infrastructure changes to the level necessary.</p> <ul style="list-style-type: none"> • Small number (<100) of remaining legacy desktop items (Windows XP/7) tied to medical equipment and legacy applications • Cyber Essentials Plus equivalence not yet attained 	<p>redundancy via cloud hosting options.</p> <p>A) Priority investment in gas fire suppression systems required to protect telephony and network hub rooms (Sept 2020)</p> <p>B) Implement new data centre licensing features to enable cloud based hosting and improve redundancy, business continuity and disaster recovery capabilities (Dec 2020 first phase)</p> <p>C) Implement new backup solution to improve disaster recovery capabilities (Sept 2020)</p> <p>D) Ensure reconfiguration programme input and mitigation of data centre risks is included in design of IT infrastructure to support new build projects (Jan 2021)</p> <ul style="list-style-type: none"> • Implement protected network infrastructure for residual legacy devices (Sept 2020) • Update and validate Information Asset Register (IAR) (March 2021) • Achieve Cyber Essentials Plus equivalence (March 2021) • Internal Audit Cyber Security review scheduled Q4 20/21 (March 2021). • Cyber Essentials Plus remediation plan agreed and support activities scheduled with NHSD funded support from Templar (March 2021).
<p>Lack of ability to change process and/or culture at sufficient pace to realise the projected benefits of the eHospital programme by 2022.</p>	<ul style="list-style-type: none"> • eHospital board meets monthly, reports to quarterly executive IM&T board and governs the EPR programme including prioritisation of deliverables and tracking of plans. • Clear vision, delivery and communication plans in place to ensure staff are aware of the programme objectives and how this will impact on their roles in future 	<ul style="list-style-type: none"> • Communication plan agreed and monitored via the programme board which identifies the appropriate audiences, establishes the programme communication schedule and manages the flow of information to staff and patients • Benefits realisation plan in place monitored via the programme board, including for delivery of change to working practice 	<ul style="list-style-type: none"> • Further work is required to improve awareness and communications with staff and patients • Identification of local IT champions required to assist with the cascade of information and inform changes to process • Pace of change a particular challenge when implementing simultaneously alongside other programmes (e.g. efficiency, reconfiguration) 	<ul style="list-style-type: none"> • eHospital ‘Live Event’ to brief / update staff (June 2020) • Additional intranet and social media presence including ‘what does this mean to me’ content (Aug 2020) • Patient and public involvement initiative underway to ensure PPI engagement for relevant workstreams, (Aug 2020) • Digital aspirant funding stream to be utilised to enable fixed term clinical backfill to support a broader involvement from staff and more in depth engagement from teams as part of project development and go live (Sept 2020) • Programme Management Office function within IM&T to work closely with reconfiguration and efficiency PMO to ensure a balanced approach to clinical engagement (Oct 2020)

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PR Ref :	PR 6	PR Title:	Estates - Maintaining/ improving existing critical infrastructure									Last Updated:	01/07/20
Executive lead(s):	Director of Estates & Facilities	Lead Executive Board:	ESB			Lead TB sub-committee:	TB						
AC Deep Dive: Overall Assurance	AC Deep Dive Date:	Have all significant high-level drivers to the risk been identified?			Are there appropriate effective controls in place to mitigate the risk?			Is there adequate outcome evidence the risk is being successfully mitigated?			Are there clear plans in place to treat / manage the risk in the long term?		
	TBC												
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)	
Current rating (L x I)	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:													
PR Description	Inability to address the drivers to deliver the Estates Strategy including to reconfigure new and maintain existing critical infrastructure, may result in a failure to achieve a fit for the future and safe estate												
Cause(s): Drivers						PR event: If we are unable to address the PR drivers, then it may result in...			Impact: leading to...				
<ul style="list-style-type: none"> Lack of capital funding / investment in estate and resources (skilled specialists) may lead to critical infrastructure failure - interruption to the supply of one or more utilities (electricity, gas, water), an uncontrolled fire or security incident or failure of the built environment that renders a significant proportion of the estate inaccessible or unserviceable, disrupting services for a prolonged period - Critical infrastructure maintained in operational condition beyond design lifecycle and increasingly becoming liable to 'sudden and unexpected' failure 						failure of the Trust's critical infrastructure			widespread disruption to the continuity of core critical services, poorly coordinated care and experience for patients, reduction in the quality and effectiveness of clinical care, repeated failure to achieve constitutional standards and loss of public confidence in the trust				
Current Likelihood of PR event occurring caused by the drivers described (after controls in place)						Current Impact after controls							
4						5							
Target Likelihood rating of PR event occurring caused by the drivers described (beyond 2020/21)						Target Impact after actions (beyond 2020/21)							
2						5							
Drivers	Primary controls: What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)			Sources of assurance Evidence that the controls/ systems which we are placing reliance on are effective. Internal & External sources of evidence.			Gaps What (a) further action is still needed or (b) controls are not working effectively? (provide details and progress of actions)			key current focus Are there further controls possible in order to reduce risk exposure within tolerable range?			
Lack of capital funding / investment in estate / resources may lead to critical infrastructure failure	<ul style="list-style-type: none"> Risk based prioritised plan developed by E&F Risk & Governance Group to support the 2020/21 Capital Programme across the following fields : <ul style="list-style-type: none"> Condition; Compliance; Resilience; Single point Failures. E&F Escalation and Emergency corrective response arrangements in place to respond to 			<ul style="list-style-type: none"> Backlog maintenance reported in the ERIC return to the Department of Health and benchmarked against other NHS Trusts annually (internal). Currently collating information for 30 August 2020 ERIC submission. Annual assurance reports from independent specialists for services including: Electrical, Piped Medical Gas, Water and Specialist Ventilation 			<ul style="list-style-type: none"> Insufficient capital investment to adequately address the backlog maintenance liability (risk register 3143). Recruitment and retention of key operational and maintenance E&F staff. Potential shortfall in operational budget for 			<ul style="list-style-type: none"> Following the successful emergency backlog maintenance bid, the £10.3 million funding has been confirmed and E&F Senior Management are in discussion with NHSI & NHS Estates to agree revised 2020/21 programme options following a delay in releasing the funding. E&F management restructure completed and plans are in place to implement operational changes including recruitment into key roles. Management of change process (shift pattern 			

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	<p>breakdowns and failures.</p> <ul style="list-style-type: none"> • 24/7 response from Estates & Facilities and specialist contractors, including ‘out of hours’ arrangements. • Some critical plant and equipment have back-up systems (contingency plans) in the event of ‘loss of’ power/engineering services. • Successful with a £10.3m emergency backlog maintenance funding bid in September 2019 targeted to help mitigate some of the priority backlog maintenance risks. 	<p>(internal).</p> <ul style="list-style-type: none"> • Annual Premises Assurance Model (PAM) assessment (internal). The 2020 PAM assessment. • Annual Patient-led Assessments of the Care Environment (PLACE) with scorecard reported nationally and benchmarked (internal). Monthly PPM reports measured against KPIs (internal). • Actions from internal and external audit and inspection reports are put into action plans and progress is reviewed through E&F & UHL specialist groups with significant issues escalated using the Trust’s Risk Management policy methodology and through the Trust’s governance arrangements for escalation. 	<p>recruitment of sufficient cleaning and Estates maintenance staff to deliver services and maintain estate with resilience and drive quality improvement (risk register 3144).</p> <ul style="list-style-type: none"> • Access to key clinical areas such as Theatres, NNU, Maternity, Osborne building Hope Unit, PICU and BMTU to carry out invasive works to reduce risk and improve compliance to current standards for critical ventilation and water quality (Pseudomonas). 	<p>changes) is progressing across Estates workforce. Recruitment into key operational roles by 31/12/2020.</p> <ul style="list-style-type: none"> • Water quality is tested for Pseudomonas across all augmented care wards and there is a programme of Legionella testing in place across patient care areas. Adverse results are subject to a risk assessment from Infection Prevention and Local clinical/nursing staff to protect patient welfare. Water outlets are taken out of use, or the risks controlled by the use of point of use water filters on taps and showers as an initial control. However, a significant interruption/decant is often required to enable a more permanent solution to be progressed. It is a similar position with upgrading critical ventilation. A comprehensive critical ventilation review in 2020 has identified a number of areas that require upgrading to meet current standards. Funding and access arrangements will need to be agreed on a priority basis and incorporated in the Capital Development plans going forward. Priority ventilation and water works to be evaluated for cost and access requirements by the Capital Development Team by 31 August 2020.
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PR Ref :	PR 7	PR Title:	Estates: reconfiguration - new estate									Last Updated:	01/07/20
Executive lead(s):	Director of Estates & Facilities		Lead Executive Board:	ESB			Lead TB sub-committee:	TB					
AC Deep Dive: Overall Assurance	AC Deep Dive Date:	Have all significant high-level drivers to the risk been identified?			Are there appropriate effective controls in place to mitigate the risk?			Is there adequate outcome evidence the risk is being successfully mitigated?			Are there clear plans in place to treat / manage the risk in the long term?		
	TBC												
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)	
Current rating (L x I)	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			4 x 4 = 16	
Rationale for score:	Delay not mitigated until all business case processes concluded; and construction complete												
PR Description	Inability to address the drivers to deliver the Estates Strategy including to reconfigure new and maintain existing critical infrastructure, may result in a failure to achieve a fit for the future and safe estate												
Cause(s): Drivers						PR event: If we are unable to address the PR drivers, then it may result in...			Impact: leading to...				
<ul style="list-style-type: none"> Failure to deliver the Trust's site investment and reconfiguration programme within resources - Delays to business case approval or construction could result in inflation increases on prices, reducing available budget to complete the programme. 						failure to create and sustain an estate fit for the future			widespread disruption to the continuity of core critical services, poorly coordinated care and experience for patients, reduction in the quality and effectiveness of clinical care, repeated failure to achieve constitutional standards and loss of public confidence in the trust				
Current Likelihood of PR event occurring caused by the drivers described (after controls in place)									Current Impact after controls				
4									4				
Target Likelihood rating of PR event occurring caused by the drivers described (beyond 2020/21)									Target Impact after actions (beyond 2020/21)				
3									4				
Drivers	Primary controls: What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)			Sources of assurance Evidence that the controls/ systems which we are placing reliance on are effective. Internal & External sources of evidence.			Gaps What (a) further action is still needed or (b) controls are not working effectively? (provide details and progress of actions)			key current focus Are there further controls possible in order to reduce risk exposure within tolerable range?			
Failure to deliver the Trust's site investment and reconfiguration programme within resources.	<ul style="list-style-type: none"> Pre Consultation Business Case (PCBC) supported by the Regional Assurance panel (on 10th October 2018); by the first National Panel (Oversight Group for Strategic Change and Reconfiguration) in February and final approval process (by Delivery Performance Quality Committees in Common) awaited PCBC has been reviewed by lawyers to ensure likelihood of judicial review (JR) or referral to secretary of state is minimised (as potentially this could delay programme by 6 – 9 months). 			<ul style="list-style-type: none"> Robust programme management through Reconfiguration Programme Board with monthly progress reporting to, executive committee and the Trust Board (internal). Appointment of Trust Side professional advisors to provide assurance: PwC on finance and governance; Ryder Levett Bucknell (RLB) on project and cost management; Capsticks on legal 			<ol style="list-style-type: none"> Strategic governance arrangements to be agreed by Trust Board. PCBC approval at the final national level Panel (DQPCiC) and agreement for early draw down of capital to support design for enabling projects. Approval of the PCBC to progress to the final panel is 			<ol style="list-style-type: none"> Governance of programme agreed at executive level, arrangements for Trust board still to be confirmed. Governance below the Trust Board has been reviewed. New Terms of Reference agreed at Reconfiguration Programme Board on 23rd June; being shared at ESB in July. The national OGSCR approved the PCBC on the 11th February and have recommended it to the national DQPCiC. Approval paused whilst financial position resolved for the STP. Regardless of this, there is a delay to the 			

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	<ul style="list-style-type: none"> • Commitment from NHSE & NHSI to streamline business case approval process. • Development of robust programme with adequate time allowed for external approval process. • One Outline Business Case for the whole scheme, with separate Full Business Cases for each project aligned to the overall 6 year delivery programme. • Budget aligned to delivery programme with allowance in budget for inflation, optimism bias and contingency. • Cash flow developed to request early draw down of resource for business case development before FBC is approved. • Monthly meetings with DHSC and National NHSI/E colleagues to discuss consultation process and business case approvals to expedite the process; weekly meetings with Regional NHSE/I colleagues • Projects not dependant on consultation will be fast-tracked to commence delivery in 2021. 	<p>issues.</p> <ul style="list-style-type: none"> • Capsticks have confirmed legitimacy of consultation during COVID pandemic using virtual media 	<p>awaited from the NHSE/I. This will delay consultation and delivery of the overall programme</p> <p>4. We need to progress with, and conclude, the assessment of the impact that the Pandemic has had on the reconfiguration programme. This may increase scope and therefore cost.</p>	<p>commencement of consultation owing to the position with COVID 19. This delay is indeterminate at this point and will delay the programme.</p> <p>Continue to progress discussions on early drawdown of capital in order to continue resourcing the programme after October.</p> <p>3 Escalation of the impact of delay on inflation at the June 18th DHSC meeting was acknowledged, no further progress.</p> <p>4 Engagement with National NHSI/E Estates on early HIP 1 work streams to help influence process and content: COVID 19 impact is a key priority, and the fact that any impact on scope will need to be funded over and above the £450m.</p>
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PR Ref :	PR 8	PR Title:	COVID 19 – recover and restoration / renewal										Last Updated:	01/07/2020
Executive lead(s):	Director of Strategy and Communications / Acting Chief Operating Officer			Lead Executive Board:	ESB		Lead TB sub-committee:	TB						
AC Deep Dive: Overall Assurance	AC Deep Dive Date:	Have all significant high-level drivers to the risk been identified?			Are there appropriate effective controls in place to mitigate the risk?			Is there adequate outcome evidence the risk is being successfully mitigated?			Are there clear plans in place to treat / manage the risk in the long term?			
	TBC													
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)		
Current rating (L x I)	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16											
Target rating (L x I)			4 x 4 = 16			3 x 4 = 12			3 x 4 = 12			3 x 4 = 12		
Rationale for score:	The Trust has adaptable command and control arrangements to ensure Strategic, Tactical & Operational oversight of risks. The nature of these arrangements, alongside any planning (recovery & restoration) etc., are all dynamic and phased, which means they are adaptable and flexible. Through continued planning, the more informed and develop plans should enable a reduced risk score, however due to the nature of the incident, the risk score cannot be reduced further.													
PR Description	Inability to efficiently return to operating as an acute specialist teaching Trust whilst maintaining our ability to respond to COVID, including preparedness and planning for late presentation of multiple epidemiological events, may result in rapid operational instability													
Cause(s): Drivers							PR event: If we are unable to address the PR drivers, then it may result in...			Impact: leading to...				
<ul style="list-style-type: none"> Pandemic disease outbreak peaks that results in a temporary or prolonged disruption to the continuity of core services across the Trust, which also impacts significantly on the local health service community. 							Rapid operational instability			Negative impact to the health and safety of patients, staff and visitors as well as impact on the organisation's ability to provide an acceptable level of health service.				
Current Likelihood of PR event occurring caused by the drivers described (after controls in place)							Current Impact after controls							
4							4							
Target Likelihood rating of PR event occurring caused by the drivers described							Target Impact after actions							
3							4							
Drivers	Primary controls: What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)			Sources of assurance Evidence that the controls/ systems which we are placing reliance on are effective. Internal & External sources of evidence.			Gaps What (a) further action is still needed or (b) controls are not working effectively? (provide details and progress of actions)			Key current focus Are there further controls possible in order to reduce risk exposure within tolerable range?				
Unclear how much of the pre-COVID demand still exists and is potentially exacerbating in the community, nor do we know how much was provider induced.	<ul style="list-style-type: none"> UHL COVID-19 Strategic Recovery Group (SRG) chaired by member of the Executive Team. UHL 'Strategic Approach to Restoration and Recovery' drafted and approved through SRG and ESB. LLR System wide Recovery and Restoration plan (Gap analysis for restoration complete and NHSE/I 'KLOE for Restoration' at system level in train). Close partnership working with multi-agency partners through the LLR Tactical Coordination 			Internal: <ul style="list-style-type: none"> Maintaining EPRR command and control. Governance structure internally and externally to support reporting through sub cells including Demand and Capacity, IPC, Cancer to Tactical and up to Strategic. KLOE externally. LLR Tactical and Strategic. 			<ul style="list-style-type: none"> Gap analysis to identify demand post COVID-19. As yet the work to understand what achievable trajectories for recovery of services have yet to be set at Trust and system level. Solutions to bridge the gap in meeting trajectories to ensure delivery. 			<ul style="list-style-type: none"> Gap analysis to identify demand post COVID-19-The NHS faces a mounting backlog of non-covid patients whose treatments have been delayed during the crisis. Through the key lines of enquiry we have identified trajectories for reinstating elective sessions however activity trajectories have yet to be set. As still working in a COVID environment. There had been a significant decrease in visits to emergency departments (including drops in conditions such as heart attacks) —suggesting that patients are 				

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	<p>Group (TCG) and LLR Health Tactical Coordination Group (HTCG) and the LLR Recovery Cell. Implementing the direction and guidance received from the UHL COVID-19 Strategic Group, LLR CCGs, NHS England and NHS Improvement.</p> <ul style="list-style-type: none"> • Innovation log maintained by UHL strategy team. • UHL following National Operating Framework. • All CMGs have presented Recovery and Restoration plans approved by Demand and Capacity Cell, extraordinary Tactical Group and Strategic Group meetings. • Leicestershire / Northants' data cell established to share business intelligence approach to recovery, demand and capacity planning. • Local SAGE approach agreed for system alerts. • Antibody testing in place to understand levels of COVID staff infection. • Daily monitoring of data including attendances. 	<ul style="list-style-type: none"> • Daily performance monitoring and exception reporting internally and with external partners involved. (Internal/ External). 		<p>forgoing much-needed treatments, even at the risk of dying. The Trust will address this backlog efficiently and systematically (risk stratifying by clinical need and planning for increased demand in specific areas such as mental health).</p> <ul style="list-style-type: none"> • Visits through the emergency department have stated to rise as we return to normal activity. Planning continues in how we manage this increase through segregation of COVID and NON COVID areas. • CMGs to review surge plans in preparation for 2nd wave – to be monitored via UHL Tactical / Demand & Capacity Cell.
<p>Pandemic disease outbreak peaks that results in a temporary or prolonged disruption to the continuity of core services across the Trust, which also impacts significantly on the local health service community</p>	<ul style="list-style-type: none"> • Established EPRR agile governance processes with strategic (CEO led) and tactical (Deputy COO and Deputy CN) command and control structures and arrangements. • UHL COVID-19 Strategic Recovery Group chaired by member of the Executive Team. • The Trust has a UHL COVID-19 Tactical Incident Coordination Centre set-up with dedicated email and telephone communication including links internally and externally. • UHL COVID-19 Incident Response Plan. • The Trust has an Emergency Planning Team. • The Trust has identified Priority Work Streams and CMGs, each with a Nominated Lead & Deputy. • The Trust is an active member of the LLR Strategic and Tactical Coordinating Groups (HSCG). • The Trust is an active member of various LLR 'work stream' cells. • Accountable Emergency Officer (COO) in place. • NED in place with oversight of EPRR. • Daily SITREP reporting internally and externally 	<ul style="list-style-type: none"> • Collaborative decision making through Executive Strategic Group and Board meetings (Internal). • COVID-19 updates feeding to Board cycle from 20.03.20 (Internal). • Compliance with Midland region incident co-ordination command and control centre (NHSI) (External). • Transparency and oversight of rapid decision making provided through regular weekly updates to Governors and non-executive directors (Internal). • System Strategic Recovery Group established with agreed 'expectations and actions' that will support the Trust's recovery. • Corporate COVID-19 risk assessment reviewed at Strategic Group and escalated to Chairman and NEDs. 	<ul style="list-style-type: none"> • Outputs from the learning in wave 1 to inform future plans and potential future surge. 	<ul style="list-style-type: none"> • Coordinate, through our established EPRR incident command and control function, the second phase in the NHS's response to COVID-19 based on the broad operating environment and approach outlined in the NHS E/I letter of 29th April 2020. • Coordinating a piece of work to keep a central record of what plans have been put in place, and what is still planned – including escalation and recovery, in managing the pandemic. In addition, this project will also consider new ways of working foreseen post COVID-19 based on good learning. The document will be monitored through the Tactical and Strategic Groups. • Until a vaccine is available, there will be further waves of COVID-19 infections. The Trust will build resilience for a second wave, embedding the lessons learned into ways of working, business continuity plans, and future pandemic responses. The trust will monitor critical care capacity (to maintain as higher level as possible) as an essential element of preparation.

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	<p>to NHSE&I.</p> <ul style="list-style-type: none"> • The Trust has financial approval and monitoring arrangements with specific Covid-19 cost code to record and monitor expenditure - Must be of a standard to meet public and parliamentary scrutiny and external audit. • Participation in national & regional executive specific COVID-19 webinars. • Tactical cell maintain a log of deviations from national directives, local policies / best practice / guidance during COVID-19 for learning purposes. 			<p>Learning from the first peak will include review of command and control, workforce models, patient transfer networks, and links with community services — to enable a flexible response to demand surges.</p> <ul style="list-style-type: none"> • The recovery from the initial wave of COVID-19 presents a unique window of opportunity for the Trust to truly and rapidly transform. • CMGs to review surge / winter plans in preparation for 2nd wave – to be monitored via UHL Tactical / ICC.
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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
<ul style="list-style-type: none"> - REPUTATION loss of public confidence / breach of statutory duty / enforcement action - Harm (patient / non-patient - physical/ psychological) - Service disruption 	<p>No harm.</p> <p>Minimal reduction in public, commissioner and regulator confidence</p> <p>Minor non-compliance</p> <p>Negligible disruption – service continues without impact</p>	<p>Minor harm – first aid treatment.</p> <p>Minor, short term reduction in public, commissioner and regulator confidence.</p> <p>Single breach of regulatory duty</p> <p>Temporary service restriction (delays) of <1 day</p>	<p>Moderate harm – semi permanent /medical treatment required.</p> <p>Significant, medium term reduction in public, commissioner and regulator confidence.</p> <p>Single breach of regulatory duty with Improvement Notice</p> <p>Temporary disruption to one or more Services (delays) of >1 day</p>	<p>Severe permanent/long-term harm.</p> <p>Widespread reduction in public, commissioner and regulator confidence.</p> <p>Multiple breaches in regulatory duty with subsequent Improvement notices and enforcement action</p> <p>Prolonged disruption to one or more critical services (delays) of >1 week</p>	<p>Fatalities/ permanent harm or irreversible health effects caused by an event.</p> <p>Widespread loss of public, commissioner and regulator confidence.</p> <p>Multiple breaches in regulatory duty with subsequent Special Administration or Suspension of CQC Registration / prosecution</p> <p>Closure of services / hospital</p>

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

BAF Scoring Matrix: (L x I)

Likelihood is a reflection of how likely it is the risk event will occur 'x' impact / consequence is the effect of the risk event if it was to occur)

		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

Audit Committee – Deep Dive outcomes:

G	Satisfactory	A	Partial - generally satisfactory with some improvements required	R	Unsatisfactory
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Appendix 2 - Organisational risk register dashboard report (15+ risks) as at 30th June 2020

Risk ID	CMG	Speciality	Opened	Review Date	Risk Description	Effect	Impact	Likelihood	Current Risk Score	Target Risk Score
2665	CMG 1 - CHUGGS		03/06/2015	31/08/2020	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	Harm (Patient/Non-patient)	4. Major	5. Almost certain	20	9
3139	CMG 1 - CHUGGS	Endoscopy	09/01/2018	31/08/2020	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.	Harm (Patient/Non-patient)	4. Major	5. Almost certain	20	4
2284	CMG 1 - CHUGGS	General Surgery	03/12/2013	31/08/2020	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.	Harm (Patient/Non-patient)	4. Major	5. Almost certain	20	6
1149	CMG 1 - CHUGGS	Oncology	16/04/2009	30/08/2020	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	Harm (Patient/Non-patient)	4. Major	5. Almost certain	20	9
3333	CMG 1 - CHUGGS	Oncology	30/10/2018	31/08/2020	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.	Harm (Patient/Non-patient)	4. Major	5. Almost certain	20	4
3534	CMG 2 - RRCV		25/09/2019	31/08/2020	If RRCV CMG are unable to recruit and retain to Trust Grade level medical staff, then it may result in widespread delays with patient diagnosis or treatment, leading to potential harm and disruption to the base wards and critical areas (CDU & CCU)	Harm (Patient/Non-patient)	4. Major	5. Almost certain	20	12
3597	CMG 2 - RRCV	Cardiology	03/02/2020	30/08/2020	If there is failure to digitally transmit ECG images from the scene / ambulance to CCU, then it may result in delays with patient treatment, leading to potential harm	Harm (Patient/Non-patient)	5. Extreme	4. Likely	20	10
3014	CMG 2 - RRCV	Renal Transplant	08/05/2017	31/07/2020	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	Reputation	4. Major	5. Almost certain	20	9
3399	CMG 3 - ESM	Acute Medicine	27/12/2018	31/08/2020	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.	Harm (Patient/Non-patient)	5. Extreme	4. Likely	20	9
3077	CMG 3 - ESM	Emergency Department	04/08/2017	31/07/2020	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.	Harm (Patient/Non-patient)	5. Extreme	4. Likely	20	15
3435	CMG 3 - ESM	Neurology	12/04/2019	31/07/2020	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	Harm (Patient/Non-patient)	4. Major	5. Almost certain	20	9
3132	CMG 4 - ITAPS		19/02/2019	30/10/2020	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.	Financial loss (Annual)	4. Major	5. Almost certain	20	6
3475	CMG 4 - ITAPS	Theatres	04/07/2019	30/11/2020	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.	Service disruption	5. Extreme	4. Likely	20	12
2815	CMG 6 - CSI	Pathology - Clinical Microbiology	11/09/2015	15/10/2020	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	Service disruption	5. Extreme	4. Likely	20	2
3414	CMG 6 - CSI	Pathology - Immunology	28/02/2019	15/08/2020	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	Service disruption	4. Major	5. Almost certain	20	9
3483	CMG 7 - W&C	Maternity	10/07/2019	30/09/2020	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	Harm (Patient/Non-patient)	5. Extreme	4. Likely	20	5

Risk ID	CMG	Specialty	Opened	Review Date	Risk Description	Effect	Impact	Likelihood	Current Risk Score	Target Risk Score
3023	CMG 7 - W&C	Maternity	18/05/2017	30/09/2020	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	Harm (Patient/Non-patient)	5-Extreme	4- Likely	20	6
3083	CMG 7 - W&C	Neonatology	04/09/2017	31/12/2020	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.	Harm (Patient/Non-patient)	5-Extreme	4- Likely	20	3
3084	CMG 7 - W&C	Neonatology	06/09/2017	31/12/2020	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.	Harm (Patient/Non-patient)	5-Extreme	4- Likely	20	5
3090	CMG 8 - The Alliance	Alliance - Hinckley	21/09/2017	01/07/2020	If the poor condition of the estate at the Hinckley 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	Service disruption	5-Extreme	4- Likely	20	5
3143	Estates & Facilities		11/01/2018	30/12/2020	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	Service disruption	4-Major	5-Almost certain	20	6
3437	Estates & Facilities	Radiation Safety Services	18/04/2019	30/12/2020	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	Harm (Patient/Non-patient)	4-Major	5-Almost certain	20	12
3226	Finance & Procurement	Finance	29/02/2018	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	Financial loss (Annual)	5-Extreme	4- Likely	20	10
3511	Human Resources		30/08/2019	30/10/2020	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	Harm (Patient/Non-patient)	4-Major	5-Almost certain	20	20
3148	Corporate Nursing		12/01/2018	30/09/2020	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	Harm (Patient/Non-patient)	4-Major	5-Almost certain	20	12
2404	Corporate Nursing	Infection prevention	19/08/2014	30/07/2020	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.	Harm (Patient/Non-patient)	4-Major	5-Almost certain	20	4
3298	Corporate Nursing	Infection prevention	29/08/2018	30/07/2020	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.	Harm (Patient/Non-patient)	5-Extreme	4- Likely	20	5
3623	Operations		01/04/2020	31/07/2020	If UHL does not sufficiently plan for, respond to and recover from a major outbreak of COVID-19, then it may result in rapid operational instability, leading to negative impact to the health and safety of patients, staff and visitors as well as impact on the organisation's ability to provide an acceptable level of health service.	Service disruption	5-Extreme	4- Likely	20	20
3485	CMG 1 - CHUGGS		17/07/2019	31/08/2020	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	Harm (Patient/Non-patient)	4-Major	4- Likely	16	12
3550	CMG 1 - CHUGGS		30/10/2019	31/08/2020	If the full surgical take is moved to the LGH site (Wards 28 and 29) without any additional resources (i.e. medical and triage nursing staff) then it may result in delays with timely diagnosis and treatment of deteriorating patients, leading to potential harm.	Harm (Patient/Non-patient)	4-Major	4- Likely	16	8
3615	CMG 1 - CHUGGS	Endoscopy	14/04/2020	31/08/2020	If there is insufficient investment to procure replacement Endoscopic Ultrasound Scopes, then then it may result in poor quality of patient care delivered which may result in patient harm and service disruption	Harm (Patient/Non-patient)	4-Major	4- Likely	16	8
2921	CMG 1 - CHUGGS	General Surgery	20/10/2015	31/07/2020	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	Harm (Patient/Non-patient)	4-Major	4- Likely	16	6

Risk ID	CMG	Speciality	Opened	Review Date	Risk Description	Effect	Impact	Likelihood	Current Risk Score	Target Risk Score
3260	CMG 1 - CHUGGS	General Surgery	22/08/2018	31/08/2020	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.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	6
3350	CMG 1 - CHUGGS	Radiotherapy	28/11/2018	31/08/2020	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	Harm (Patient/Non-patient)	4. Major	4. Likely	16	4
3519	CMG 1 - CHUGGS	Urology	06/09/2019	31/08/2020	If availability of essential replacement uroscopes in Urology is not adequately resourced, then it may result in delays with patient treatment due to insufficient effective/working scopes available to undertake booked lists, leading to potential for harm (increased patient waits both cancer and RTT), disruption to the service and adverse effect on reputation.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	8
3555	CMG 2 - RRCV		14/11/2019	31/08/2020	If the Trust is unable to demonstrate compliance against key clinical standards outlined in the NHSE Home Ventilation Service specification (A 14/S/01), then it may result in the loss of registration as a provider for the Respiratory Home Ventilation Service (Adults) leading to service disruption and potential harm to patients	Service disruption	4. Major	4. Likely	16	4
3533	CMG 2 - RRCV	Cardiology	28/09/2019	31/07/2020	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.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	8
3588	CMG 2 - RRCV	Renal Transplant	13/01/2020	31/08/2020	If staffing levels in the Transplant Laboratory fall below the level required to maintain a service for renal transplant, then it may result in delays with patient treatment with extended turnaround of test results leading to potential patient harm, loss of accreditation leading to breach of Transplant Unit HTA licence and significant service disruption	Service disruption	4. Major	4. Likely	16	10
32710	CMG 2 - RRCV	Renal Transplant	23/05/2018	31/08/2020	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	Service disruption	4. Major	4. Likely	16	2
3413	CMG 2 - RRCV	Respiratory Medicine	07/03/2019	31/08/2020	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	Harm (Patient/Non-patient)	4. Major	4. Likely	16	12
3202	CMG 3 - ESM	Emergency Department	25/04/2018	31/07/2020	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.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	8
2388	CMG 3 - ESM	Emergency Department	29/10/2014	31/07/2020	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.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	6
3025	CMG 3 - ESM	Emergency Department	30/05/2017	31/08/2020	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.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	4
3198	CMG 3 - ESM	Metabolic Medicine	12/04/2018	30/08/2020	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	Harm (Patient/Non-patient)	4. Major	4. Likely	16	4
3140	CMG 4 - ITAPS	Theatres	09/01/2018	30/11/2020	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.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	8
2333	CMG 4 - ITAPS	Anaesthesia	17/04/2014	30/09/2020	If we do not recruit into the Paediatric Cardiac Anaesthetic vacancies to maintain a WTD compliant rota, then it may result in suboptimal patient treatment leading to potential for patient harm.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	2
3119	CMG 4 - ITAPS	Theatres	04/10/2017	30/10/2020	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	Harm (Patient/Non-patient)	4. Major	4. Likely	16	12
3535	CMG 5 - MSK & SS		05/09/2020	30/09/2020	If there continues to be a reduced bed base in the fractured neck of femur service following the move to the LGH, then it may result in delays with NOF Patents surgery and care leading to potential harm, service disruption and failure to meet the 36 hour target	Service disruption	4. Major	4. Likely	16	9
3518	CMG 5 - MSK & SS	Ophthalmology	01/04/2020	30/07/2020	If there is no process in HISS (PAS) system to identify patients who become overdue on the Long Term Follow Up waiting list in Ophthalmology, then it may result in delays in diagnosis and treatment, leading to potential for harm	Harm (Patient/Non-patient)	4. Major	4. Likely	16	12

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3341	CMG 5 - MSK & SS	Trauma Orthopaedics	30/08/2020 22/11/2018	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.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	8
3129	CMG 6 - CSI	Pathology - Blood Transfusion	30/10/2020 19/12/2017	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).	Harm (Patient/Non-patient)	4. Major	4. Likely	16	4
3205	CMG 6 - CSI	Imaging - Breast	29/09/2020 20/06/2018	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.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	8
3482	CMG 6 - CSI	Clinical Engineering	09/07/2019	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	Service disruption	4. Major	4. Likely	16	12
3460	CMG 6 - CSI	Pathology - Fast Track Routine Blood Sciences	15/10/2020 15/10/2020	If we are unable to address non-compliances with ISO 15189:2012 (medical laboratories quality management systems and competence), then it may result in failure to achieve compliance with relevant regulations & standards, leading to reputational and financial impacts.	Financial loss (Annual)	4. Major	4. Likely	16	4
3206	CMG 6 - CSI	Pathology - General Pathology	15/10/2020 11/06/2018	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.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	6
3514	CMG 6 - CSI	Pathology - Cellular Pathology	15/10/2020 04/09/2019	If there are insufficient staffing resources in the Cellular Pathology Service to meet diagnostic TRT targets, then it may result in widespread delays to patient receiving results and treatment, leading to potential patient harm and affecting the reputation of the service.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	4
3368	CMG 6 - CSI	Medical Records	31/08/2020 22/01/2019	If the Track IT system in use for the requesting and tracking of patient case notes fails, then it may result in a prolonged interruption to the continuity of core services across the Trust leading to service disruption as the medical records service will be unable to provide patient case notes.	Service disruption	4. Major	4. Likely	16	6
3329	CMG 6 - CSI	Pharmacy	30/09/2020 24/11/2018	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	Service disruption	4. Major	4. Likely	16	8
3481	CMG 6 - CSI	Pharmacy	09/07/2019	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.	Service disruption	4. Major	4. Likely	16	4
3008	CMG 7 - W&C	Centre Neonatal Transport Service	31/08/2020 18/05/2017	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.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	5
2153	CMG 7 - W&C	Paediatrics	30/10/2020 05/09/2013	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.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	8
3560	CMG 7 - W&C	Paediatrics	31/10/2020 13/11/2019	If Children's services are unable to comply with the recommendations in NICE Guideline Recommendations in NG61 (End of life care for infants, children & young people), then it may result in Children having inappropriate treatments and interventions, leading to potential for harm.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	6
3561	CMG 7 - W&C	Paediatrics	31/10/2020 13/11/2019	If Children's services are unable to comply with the recommendations in NICE Guideline Recommendations in NG61 (End of life care for infants, children and young people with life-limiting conditions), then it may result in Children having inappropriate treatments and interventions, leading to potential for harm.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	6
3562	CMG 7 - W&C	Paediatrics	16/07/2020 14/11/2019	If Ward 12 staffing levels are below establishment to provide care for high acuity patients, elective patients and long term patients, then it may result in delays in diagnosis and treatment, leading to potential harm to patients, increased negative feedback from patients/parents/carers, disruption in service delivery/flow and poor retention of staff members	Harm (Patient/Non-patient)	4. Major	4. Likely	16	9
3558	CMG 7 - W&C	Paediatrics	30/09/2020 13/11/2019	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.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	8

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3585	CMG 7 - W&C	Paediatrics	24/12/2019	31/10/2020	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.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	8
3586	CMG 7 - W&C	Paediatrics	24/12/2019	31/07/2020	If there is a shortage of workforce to care for paediatric high dependency and intensive care patients, then it may result in poor quality of care and patient harm	Harm (Patient/Non-patient)	4. Major	4. Likely	16	8
3628	CMG 7 - W&C	Paediatrics	03/06/2020	01/08/2020	If we fail to address the shortfall in consultant cover for paediatric and TYA haematology and oncology, then it may result in delays with diagnosis and treatment to non-malignant and malignant haematology and oncology patients in the region, leading to Patient harm and reputational damage.	Reputation	4. Major	4. Likely	16	8
3471	CMG 8 - The Alliance		28/06/2019	01/07/2020	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	Harm (Patient/Non-patient)	4. Major	4. Likely	16	6
3217	CMG 8 - The Alliance		19/08/2018	01/07/2020	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, to support the endoscopy service, which could result in lost activity and income, reduced patient satisfaction with the service and patient harm from delayed or cancelled procedures.	Financial loss (Annual)	4. Major	4. Likely	16	8
2593	CMG 8 - The Alliance	Alliance - Hinckley	01/11/2015	01/07/2020	If the endoscopy decontamination units on all Alliance sites cannot be made compliant with JAG and HTM regulations, then they will not meet JAG requirements and will lose JAG accreditation.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	4
3201	Communications		20/06/2018	31/12/2019	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.	Service disruption	4. Major	4. Likely	16	4
3631	Corporate Medical		01/06/2020	31/07/2020	If we are unable to adequately resource the Quality strategy infrastructure, then it may result in failure to deliver sustained improvement and change, leading to detrimental impact on quality and service delivery	Reputation	4. Major	4. Likely	16	8
3138	Estates & Facilities		09/01/2018	30/09/2020	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.	Reputation	4. Major	4. Likely	16	4
3141	Estates & Facilities		10/01/2018	30/09/2020	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 / beds / services.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	8
3144	Estates & Facilities		10/01/2018	31/12/2020	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	Service disruption	4. Major	4. Likely	16	12
3145	Estates & Facilities		10/01/2018	31/12/2020	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	Service disruption	4. Major	4. Likely	16	6
3489	Estates & Facilities		30/07/2019	30/09/2020	If water stagnation occurs in the hospital water system and Pseudomonas aeruginosa bacteria form, then it may result in a detrimental impact on patient safety, leading to potential harm, reputational impact and service disruption	Harm (Patient/Non-patient)	4. Major	4. Likely	16	4
3364	Estates & Facilities		14/02/2019	30/12/2020	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.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	8
3137	Estates & Facilities		08/01/2018	30/09/2020	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	Harm (Patient/Non-patient)	4. Major	4. Likely	16	4
3344	Corporate Nursing		23/11/2018	31/08/2020	If staff are not mask fit tested for an FFP3 mask or provided with full respirator hoods (if they cannot be fitted) during an outbreak of respiratory viruses (including pandemics) or mycobacterium tuberculosis, then it may result in a detrimental impact on health & safety of staff, patients and visitors, leading to harm.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	12
3538	Corporate Nursing	Safeguarding	26/09/2019	31/08/2020	If there is continued under achievement against key safeguarding performance indicators and safeguarding standards, then it may result in failure to achieve compliance with regulations & standards and delays in safeguarding processes or care and treatment decisions, leading to potential for harm and adverse reputation	Reputation	4. Major	4. Likely	16	8
2774	Operations		25/01/2016	30/12/2020	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.	Harm (Patient/Non-patient)	4. Major	4. Likely	16	8

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1683	Operations	Clinical Coding	02/08/2011	30/09/2020	If clinical coding is not accurate, then it may result in a loss of income resulting in financial impact and loss of Trust reputation	Financial loss (Annual)	4. Major	4. Likely	16	8
3340	Operations	Staff Bank	21/12/2018	26/11/2019	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	Service disruption	4. Major	4. Likely	16	8
3391	CMG 1 - CHUGGS	General Surgery	14/02/2019	31/08/2020	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.	Financial loss (Annual)	3. Moderate	5. Almost certain	15	6
3617	CMG 1 - CHUGGS	Palliative Care	14/04/2020	31/08/2020	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.	Harm (Patient/Non-patient)	5. Extreme	3. Possible	15	5
3520	CMG 2 - RRCV		06/09/2019	31/08/2020	If a confused patient mobilises off a RRCV ward on the Glenfield site (no ward areas have restricted access doors) and through one of the multiple exit points out of the hospital unchecked, then it may result in a detrimental impact on patient safety, leading to potential for harm	Harm (Patient/Non-patient)	5. Extreme	3. Possible	15	5
3576	CMG 2 - RRCV		19/12/2019	30/09/2020	If we do not have 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.	Harm (Patient/Non-patient)	3. Moderate	5. Almost certain	15	6
3043	CMG 2 - RRCV	Cardiology	27/08/2017	31/07/2020	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	Harm (Patient/Non-patient)	3. Moderate	5. Almost certain	15	6
3047	CMG 2 - RRCV	Cardiology	13/07/2017	31/08/2020	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.	Harm (Patient/Non-patient)	3. Moderate	5. Almost certain	15	6
2504	CMG 3 - ESM	Acute Medicine	06/05/2016	31/07/2020	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	Harm (Patient/Non-patient)	3. Moderate	5. Almost certain	15	12
3222	CMG 3 - ESM	Emergency Department	21/06/2018	31/08/2020	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	Harm (Patient/Non-patient)	5. Extreme	3. Possible	15	10
3486	CMG 3 - ESM	Emergency Department	13/08/2019	30/11/2020	If patients with previously identified alert organisms attending ED and CED are not booked in via Patient Centre, then it may result in delays with appropriate infection prevention precautions and treatment, leading to potential harm with increased risk of exposure of the organism to others in the environment	Harm (Patient/Non-patient)	3. Moderate	5. Almost certain	15	6
3510	CMG 5 - W&C & SS		28/08/2019	31/08/2020	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	Reputation	3. Moderate	5. Almost certain	15	9
3482	CMG 7 - W&C	Maternity	15/08/2019	31/08/2020	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	Harm (Patient/Non-patient)	5. Extreme	3. Possible	15	10
3332	CMG 7 - W&C	Paediatrics	30/10/2018	30/07/2020	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	Harm (Patient/Non-patient)	5. Extreme	3. Possible	15	4
2394	Communications	Communications	04/07/2014	31/01/2020	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	Harm (Patient/Non-patient)	3. Moderate	5. Almost certain	15	3
3619	Estates & Facilities		06/04/2020	30/09/2020	If Estates & Facilities operational services are unable to obtain sufficient resources such as spare parts, cleaning materials, tools, food and replenishable goods and equipment, including Personal Protective Equipment (PPE) in sufficient quantities and in a timely manner, then it may result in significant disruption to a 'normal' level of service	Service disruption	5. Extreme	3. Possible	15	8
1615	IM&T	IM&T Customer Service & Operations	23/05/2011	31/12/2020	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	Service disruption	5. Extreme	3. Possible	15	10