

The Integrated Risk and Assurance Report

Author: Head of Risk & Assurance

Sponsor: Stephen Ward – Director of Corporate & Legal Affairs

Trust Board paper G revised

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	
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 28/01/20	To discuss BAF and risk register ahead of TB meeting
Trust Board Committee		
Trust Board	Today	To review and approve the BAF and risk register

Executive Summary

Context

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

Questions

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

Conclusion

1. At the end of quarter 3 2019/20, the highest rated principal risks on the BAF, all rated 20, include:

PR No.	Principal Risk Event <i>If we don't put in place effective systems and processes to deal with the threats described in each principal risk... then it may result in...</i>	Executive Lead Owner	Current Rating: July (L x I)
1	Failure to deliver key performance standards for emergency, planned and cancer care	COO	5 x 4 = 20

5	Failure to recruit, develop and retain a workforce of sufficient quantity and skills	DPOD	5 x 4 = 20
6a	Serious disruption to the Trust's critical estates infrastructure	DEF	4 x 5 = 20
6b	Serious disruption to the Trust's critical IT infrastructure	CIO	4 x 5 = 20
9	Failure to meet the financial control total including through improved productivity	ICFO	5 x 4 = 20 (↑ from 16)

2. There are 328 risks recorded on the organisational risk register as at the end of 31st December 2019.



There have been four new risks scoring 15 and above entered on the risk register during this reporting period. Thematic Analysis of the organisational risk register shows the key causation theme as gaps in workforce capacity and capability across all CMGs.

Input Sought

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

For Reference:

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

1. Quality priorities

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

2. Supporting priorities:

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

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

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

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
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 FEBRUARY 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 31ST DEC 2019)

1 INTRODUCTION

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

2. BOARD ASSURANCE FRAMEWORK SUMMARY

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

2.2 A detailed version of the BAF 2019/20 for quarter 3 is attached at appendix one. Since the last meeting, executive leads have reviewed and updated their principal risks for the period ending 31st December and principal risks have been submitted to their relevant Executive Boards as part of the BAF governance arrangements. Changes to principal risks during this reporting period are highlighted in red text for ease of reference.

2.3 The highest rated principal risks on the BAF are:

PR No.	Principal Risk Event <i>If we don't put in place effective systems and processes to deal with the threats described in each principal risk... then it may result in...</i>	Executive Lead Owner	Current Rating: July (L x I)
1	Failure to deliver key performance standards for emergency, planned and cancer care	COO	5 x 4 = 20
5	Failure to recruit, develop and retain a workforce of sufficient quantity and skills	DPOD	5 x 4 = 20
6a	Serious disruption to the Trust's critical estates infrastructure	DEF	4 x 5 = 20
6b	Serious disruption to the Trust's critical IT infrastructure	CIO	4 x 5 = 20
9	Failure to meet the financial control total including through improved productivity	ICFO	5 x 4 = 20 (↑ from 16)

2.4 During the reporting period Principal Risk 9 - failure to meet the financial control total including through improved productivity – has increased in rating from 16 to 20 (L5 x C4). The graphs below show the current and target year-end rating for each principal risk.

PR No.	Principal Risk Event and changes from previous report	Current Rating (L x I)	Q4 Target (L x I)	Rating timeline																																							
1	Failure to deliver key performance standards for emergency, planned and cancer care No significant change to rating this period - PR agreed at EPB on 28/01/20	5 x 4 = 20	5 x 4 = 20	<table border="1"> <caption>Rating Timeline Data for PR 1</caption> <thead> <tr><th>Month</th><th>Current</th><th>Target</th></tr> </thead> <tbody> <tr><td>Apr</td><td>20</td><td>20</td></tr> <tr><td>May</td><td>20</td><td>20</td></tr> <tr><td>Jun</td><td>20</td><td>20</td></tr> <tr><td>Jul</td><td>20</td><td>20</td></tr> <tr><td>Aug</td><td>20</td><td>20</td></tr> <tr><td>Sep</td><td>20</td><td>20</td></tr> <tr><td>Oct</td><td>20</td><td>20</td></tr> <tr><td>Nov</td><td>20</td><td>20</td></tr> <tr><td>Dec</td><td>20</td><td>20</td></tr> <tr><td>Jan</td><td>20</td><td>20</td></tr> <tr><td>Feb</td><td>20</td><td>20</td></tr> <tr><td>Mar</td><td>20</td><td>20</td></tr> </tbody> </table>	Month	Current	Target	Apr	20	20	May	20	20	Jun	20	20	Jul	20	20	Aug	20	20	Sep	20	20	Oct	20	20	Nov	20	20	Dec	20	20	Jan	20	20	Feb	20	20	Mar	20	20
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Feb	20	20																																									
Mar	20	20																																									
2	Failure to reduce patient harm No significant change to rating this period - PR agreed at EQB on 14/01/20	3 x 5 = 15	3 x 5 = 15	<table border="1"> <caption>Rating Timeline Data for PR 2</caption> <thead> <tr><th>Month</th><th>Current</th><th>Target</th></tr> </thead> <tbody> <tr><td>Apr</td><td>20</td><td>15</td></tr> <tr><td>May</td><td>20</td><td>15</td></tr> <tr><td>Jun</td><td>15</td><td>15</td></tr> <tr><td>Jul</td><td>15</td><td>15</td></tr> <tr><td>Aug</td><td>15</td><td>15</td></tr> <tr><td>Sep</td><td>15</td><td>15</td></tr> <tr><td>Oct</td><td>15</td><td>15</td></tr> <tr><td>Nov</td><td>15</td><td>15</td></tr> <tr><td>Dec</td><td>15</td><td>15</td></tr> <tr><td>Jan</td><td>15</td><td>15</td></tr> <tr><td>Feb</td><td>15</td><td>15</td></tr> <tr><td>Mar</td><td>15</td><td>15</td></tr> </tbody> </table>	Month	Current	Target	Apr	20	15	May	20	15	Jun	15	15	Jul	15	15	Aug	15	15	Sep	15	15	Oct	15	15	Nov	15	15	Dec	15	15	Jan	15	15	Feb	15	15	Mar	15	15
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3	Serious/catastrophic failure in a specific clinical service No significant change to rating this period - PR agreed at EQB on 14/01/20	3 x 5 = 15	3 x 5 = 15	<table border="1"> <caption>Rating Timeline Data for PR 3</caption> <thead> <tr><th>Month</th><th>Current</th><th>Target</th></tr> </thead> <tbody> <tr><td>Apr</td><td>15</td><td>15</td></tr> <tr><td>May</td><td>15</td><td>15</td></tr> <tr><td>Jun</td><td>15</td><td>15</td></tr> <tr><td>Jul</td><td>15</td><td>15</td></tr> <tr><td>Aug</td><td>15</td><td>15</td></tr> <tr><td>Sep</td><td>15</td><td>15</td></tr> <tr><td>Oct</td><td>15</td><td>15</td></tr> <tr><td>Nov</td><td>15</td><td>15</td></tr> <tr><td>Dec</td><td>15</td><td>15</td></tr> <tr><td>Jan</td><td>15</td><td>15</td></tr> <tr><td>Feb</td><td>15</td><td>15</td></tr> <tr><td>Mar</td><td>15</td><td>15</td></tr> </tbody> </table>	Month	Current	Target	Apr	15	15	May	15	15	Jun	15	15	Jul	15	15	Aug	15	15	Sep	15	15	Oct	15	15	Nov	15	15	Dec	15	15	Jan	15	15	Feb	15	15	Mar	15	15
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4	Failure to deliver the Quality Strategy to plan No significant change to rating this period - PR agreed at ESB on 07/01/20	3 x 4 = 12	2 x 4 = 8	<table border="1"> <caption>Rating Timeline Data for PR 4</caption> <thead> <tr><th>Month</th><th>Current</th><th>Target</th></tr> </thead> <tbody> <tr><td>Apr</td><td>12</td><td>12</td></tr> <tr><td>May</td><td>12</td><td>12</td></tr> <tr><td>Jun</td><td>8</td><td>12</td></tr> <tr><td>Jul</td><td>8</td><td>12</td></tr> <tr><td>Aug</td><td>12</td><td>12</td></tr> <tr><td>Sep</td><td>12</td><td>12</td></tr> <tr><td>Oct</td><td>12</td><td>12</td></tr> <tr><td>Nov</td><td>12</td><td>12</td></tr> <tr><td>Dec</td><td>12</td><td>12</td></tr> <tr><td>Jan</td><td>12</td><td>12</td></tr> <tr><td>Feb</td><td>12</td><td>12</td></tr> <tr><td>Mar</td><td>8</td><td>12</td></tr> </tbody> </table>	Month	Current	Target	Apr	12	12	May	12	12	Jun	8	12	Jul	8	12	Aug	12	12	Sep	12	12	Oct	12	12	Nov	12	12	Dec	12	12	Jan	12	12	Feb	12	12	Mar	8	12
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5	Failure to recruit, develop and retain a workforce of sufficient quantity and skills No significant change to rating this period - PR agreed at EQB on 14/01/20	5 x 4 = 20	4 x 4 = 16	<table border="1"> <caption>Rating Timeline Data for PR 5</caption> <thead> <tr><th>Month</th><th>Current</th><th>Target</th></tr> </thead> <tbody> <tr><td>Apr</td><td>20</td><td>20</td></tr> <tr><td>May</td><td>20</td><td>20</td></tr> <tr><td>Jun</td><td>20</td><td>20</td></tr> <tr><td>Jul</td><td>20</td><td>20</td></tr> <tr><td>Aug</td><td>20</td><td>20</td></tr> <tr><td>Sep</td><td>20</td><td>20</td></tr> <tr><td>Oct</td><td>20</td><td>20</td></tr> <tr><td>Nov</td><td>20</td><td>20</td></tr> <tr><td>Dec</td><td>20</td><td>20</td></tr> <tr><td>Jan</td><td>20</td><td>20</td></tr> <tr><td>Feb</td><td>20</td><td>20</td></tr> <tr><td>Mar</td><td>16</td><td>16</td></tr> </tbody> </table>	Month	Current	Target	Apr	20	20	May	20	20	Jun	20	20	Jul	20	20	Aug	20	20	Sep	20	20	Oct	20	20	Nov	20	20	Dec	20	20	Jan	20	20	Feb	20	20	Mar	16	16
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6A	Serious disruption to the Trust's critical estates infrastructure No significant change to rating this period - PR agreed at ESB on 07/01/20	4 x 5 = 20	4 x 4 = 16	<table border="1"> <caption>Rating Timeline Data for PR 6A</caption> <thead> <tr><th>Month</th><th>Current</th><th>Target</th></tr> </thead> <tbody> <tr><td>Apr</td><td>20</td><td>20</td></tr> <tr><td>May</td><td>20</td><td>20</td></tr> <tr><td>Jun</td><td>20</td><td>20</td></tr> <tr><td>Jul</td><td>20</td><td>20</td></tr> <tr><td>Aug</td><td>20</td><td>20</td></tr> <tr><td>Sep</td><td>20</td><td>20</td></tr> <tr><td>Oct</td><td>20</td><td>20</td></tr> <tr><td>Nov</td><td>20</td><td>20</td></tr> <tr><td>Dec</td><td>20</td><td>20</td></tr> <tr><td>Jan</td><td>20</td><td>20</td></tr> <tr><td>Feb</td><td>20</td><td>20</td></tr> <tr><td>Mar</td><td>16</td><td>16</td></tr> </tbody> </table>	Month	Current	Target	Apr	20	20	May	20	20	Jun	20	20	Jul	20	20	Aug	20	20	Sep	20	20	Oct	20	20	Nov	20	20	Dec	20	20	Jan	20	20	Feb	20	20	Mar	16	16
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6B	<p>Serious disruption to the Trust's critical IT infrastructure</p> <p>No significant change to rating this period - PR agreed at EQB on 14/01/20</p>	4 x 5 = 20	4 x 4 = 16	<table border="1"> <caption>Data for Item 6B</caption> <thead> <tr><th>Month</th><th>Current</th><th>Target</th></tr> </thead> <tbody> <tr><td>Apr</td><td>20</td><td>20</td></tr> <tr><td>May</td><td>20</td><td>20</td></tr> <tr><td>Jun</td><td>20</td><td>20</td></tr> <tr><td>Jul</td><td>20</td><td>20</td></tr> <tr><td>Aug</td><td>20</td><td>20</td></tr> <tr><td>Sep</td><td>20</td><td>20</td></tr> <tr><td>Oct</td><td>20</td><td>20</td></tr> <tr><td>Nov</td><td>20</td><td>20</td></tr> <tr><td>Dec</td><td>20</td><td>20</td></tr> <tr><td>Jan</td><td>20</td><td>20</td></tr> <tr><td>Feb</td><td>15</td><td>15</td></tr> <tr><td>Mar</td><td>10</td><td>10</td></tr> </tbody> </table>	Month	Current	Target	Apr	20	20	May	20	20	Jun	20	20	Jul	20	20	Aug	20	20	Sep	20	20	Oct	20	20	Nov	20	20	Dec	20	20	Jan	20	20	Feb	15	15	Mar	10	10
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Feb	15	15																																									
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7	<p>Failure to deliver the Trust's site investment and reconfiguration programme within budget</p> <p>No significant change to rating this period - PR agreed at ESB on 07/01/20</p> <p>The rating was amended to 16 in Oct (from 9) until early draw down of capital announced in September. It is anticipated that the risk score will reduce as the programme progresses through to delivery phase as construction includes a costed risk register.</p>	4 x 4 = 16	3 x 3 = 9	<table border="1"> <caption>Data for Item 7</caption> <thead> <tr><th>Month</th><th>Current</th><th>Target</th></tr> </thead> <tbody> <tr><td>Apr</td><td>16</td><td>16</td></tr> <tr><td>May</td><td>16</td><td>16</td></tr> <tr><td>Jun</td><td>16</td><td>16</td></tr> <tr><td>Jul</td><td>16</td><td>16</td></tr> <tr><td>Aug</td><td>9</td><td>12</td></tr> <tr><td>Sep</td><td>9</td><td>12</td></tr> <tr><td>Oct</td><td>16</td><td>12</td></tr> <tr><td>Nov</td><td>16</td><td>12</td></tr> <tr><td>Dec</td><td>16</td><td>12</td></tr> <tr><td>Jan</td><td>16</td><td>12</td></tr> <tr><td>Feb</td><td>16</td><td>12</td></tr> <tr><td>Mar</td><td>16</td><td>12</td></tr> </tbody> </table>	Month	Current	Target	Apr	16	16	May	16	16	Jun	16	16	Jul	16	16	Aug	9	12	Sep	9	12	Oct	16	12	Nov	16	12	Dec	16	12	Jan	16	12	Feb	16	12	Mar	16	12
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8	<p>Failure to deliver the e-hospital strategy including the required process and cultural change</p> <p>No significant change to rating this period - PR agreed at EQB on 14/01/20</p>	4 x 3 = 12	3 x 3 = 9	<table border="1"> <caption>Data for Item 8</caption> <thead> <tr><th>Month</th><th>Current</th><th>Target</th></tr> </thead> <tbody> <tr><td>Apr</td><td>12</td><td>12</td></tr> <tr><td>May</td><td>12</td><td>12</td></tr> <tr><td>Jun</td><td>12</td><td>12</td></tr> <tr><td>Jul</td><td>12</td><td>12</td></tr> <tr><td>Aug</td><td>12</td><td>12</td></tr> <tr><td>Sep</td><td>12</td><td>12</td></tr> <tr><td>Oct</td><td>12</td><td>12</td></tr> <tr><td>Nov</td><td>12</td><td>12</td></tr> <tr><td>Dec</td><td>12</td><td>12</td></tr> <tr><td>Jan</td><td>12</td><td>12</td></tr> <tr><td>Feb</td><td>12</td><td>12</td></tr> <tr><td>Mar</td><td>10</td><td>10</td></tr> </tbody> </table>	Month	Current	Target	Apr	12	12	May	12	12	Jun	12	12	Jul	12	12	Aug	12	12	Sep	12	12	Oct	12	12	Nov	12	12	Dec	12	12	Jan	12	12	Feb	12	12	Mar	10	10
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Feb	12	12																																									
Mar	10	10																																									
9	<p>Failure to meet the financial control total including through improved productivity</p> <p>PR reviewed and updated by ICFO.</p>	5 x 4 = 20 (↑ from 16)	Under review	<table border="1"> <caption>Data for Item 9</caption> <thead> <tr><th>Month</th><th>Current</th><th>Target</th></tr> </thead> <tbody> <tr><td>Apr</td><td>12</td><td>12</td></tr> <tr><td>May</td><td>12</td><td>12</td></tr> <tr><td>Jun</td><td>12</td><td>12</td></tr> <tr><td>Jul</td><td>12</td><td>12</td></tr> <tr><td>Aug</td><td>16</td><td>12</td></tr> <tr><td>Sep</td><td>16</td><td>12</td></tr> <tr><td>Oct</td><td>16</td><td>12</td></tr> <tr><td>Nov</td><td>16</td><td>12</td></tr> <tr><td>Dec</td><td>20</td><td>12</td></tr> <tr><td>Jan</td><td>20</td><td>12</td></tr> <tr><td>Feb</td><td>20</td><td>12</td></tr> <tr><td>Mar</td><td>20</td><td>12</td></tr> </tbody> </table>	Month	Current	Target	Apr	12	12	May	12	12	Jun	12	12	Jul	12	12	Aug	16	12	Sep	16	12	Oct	16	12	Nov	16	12	Dec	20	12	Jan	20	12	Feb	20	12	Mar	20	12
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Feb	20	12																																									
Mar	20	12																																									
10	<p>Failure to work with the wider system</p> <p>Last month the current rating was reduced from 16 to 12 in view of the progress made in terms of a new planning process, contract form and associated transformation and delivery structures.</p> <p>No significant change to rating this period - PR agreed at ESB on 07/01/20</p>	3 x 4 = 12	2 x 4 = 8	<table border="1"> <caption>Data for Item 10</caption> <thead> <tr><th>Month</th><th>Current</th><th>Target</th></tr> </thead> <tbody> <tr><td>Apr</td><td>16</td><td>16</td></tr> <tr><td>May</td><td>16</td><td>16</td></tr> <tr><td>Jun</td><td>16</td><td>16</td></tr> <tr><td>Jul</td><td>16</td><td>16</td></tr> <tr><td>Aug</td><td>16</td><td>16</td></tr> <tr><td>Sep</td><td>16</td><td>16</td></tr> <tr><td>Oct</td><td>16</td><td>16</td></tr> <tr><td>Nov</td><td>12</td><td>16</td></tr> <tr><td>Dec</td><td>12</td><td>16</td></tr> <tr><td>Jan</td><td>12</td><td>16</td></tr> <tr><td>Feb</td><td>12</td><td>16</td></tr> <tr><td>Mar</td><td>12</td><td>16</td></tr> </tbody> </table>	Month	Current	Target	Apr	16	16	May	16	16	Jun	16	16	Jul	16	16	Aug	16	16	Sep	16	16	Oct	16	16	Nov	12	16	Dec	12	16	Jan	12	16	Feb	12	16	Mar	12	16
Month	Current	Target																																									
Apr	16	16																																									
May	16	16																																									
Jun	16	16																																									
Jul	16	16																																									
Aug	16	16																																									
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Dec	12	16																																									
Jan	12	16																																									
Feb	12	16																																									
Mar	12	16																																									

11	<p>Failure to maintain and enhance research market competitiveness by failing to develop Leicestershire Academic Health Partners</p> <p>No significant change to rating this period - PR agreed at ESB on 07/01/20</p>	3 x 3 = 9	2 x 3 = 6	
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2.5 The Audit Committee, as an assurance committee of the Board, continue to carry out a ‘deep dive’ into a principal risk on the BAF at each meeting to provide an independent and objective view of internal control. The BAF dashboard has been updated to include the date and outcome from the Audit Committee deep dive reviews to-date. The Audit Committee reviewed principal risk 5 – failure to recruit, develop and retain a workforce of sufficient quantity and skills – at their meeting on 24th January 2020 and agreed ‘partial’ assurance - generally satisfactory with some improvements required. The Audit Committee have agreed to undertake a deep dive review of principal risk two - failure to reduce patient harm – at their meeting on 6th March 2020. The Medical Director and Chief Nurse will be invited to attend the Audit Committee meeting for this agenda item.

2.6 The corporate risk team is currently liaising with the Director of Corporate and Legal Affairs to prepare arrangements for the annual refresh of the BAF 2020/21, which will take place during Q4 2019/20. There is also a proposal to hold a risk management workshop at the Trust Board Thinking Day on Thursday 12th March 2020 (to be led externally and to focus on risk appetite and tolerance and also to help identify principal risks for the new BAF). More details on this will follow in due course.

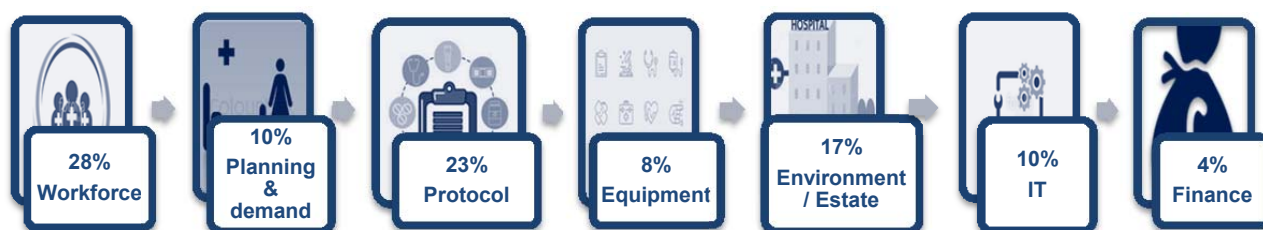
3. ORGANISATIONAL RISK REGISTER SUMMARY

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 328 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.

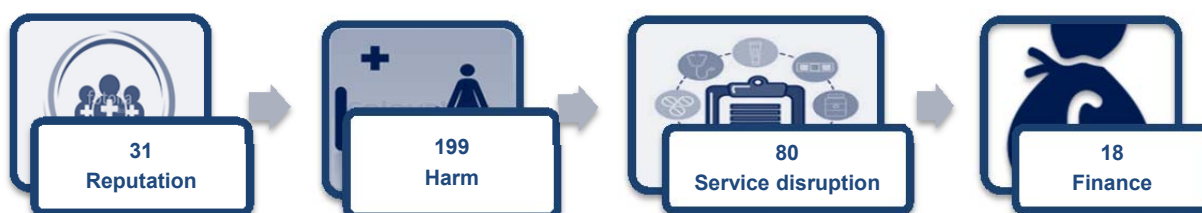
Fig 1: UHL Organisational Risk Register profile by current rating (31/12/19)



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 There have been four new risks rated 15 and above entered on the risk register and endorsed by the Executive Team during the reporting period. A dashboard of these risks including actions to manage the risks to target ratings is included below:

Risk ID	CMG	Specialty	Risk Description	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score
3570	CMG 1 - CHUGGS	Radiotherapy	If the 11 year old Prosoma server fails before planned replacement, then it may result in unresponsive care, leading to breast and palliative patients needing to be diverted to other hospitals at a rate of ~35/week.	<p>Preventive:</p> <ul style="list-style-type: none"> * Area kept dust free in an air conditioned environment but no action possible to prevent catastrophic failure <p>Detective:</p> <ul style="list-style-type: none"> * Daily server health checks are monitored which have given advanced warning of hardware failure * 3rd party support for replacement of common replaceable parts but would not cover complete server failure * It will become immediately apparent if the server fails as Prosoma will not be available <p>Corrective:</p> <ul style="list-style-type: none"> * Daily back-ups of the database would minimise disruption in the case of server replacement 	Major	Likely	16	Planned replacement of server, set up with company providing Prosoma and perform in house recommissioning checks - Review progress Feb 2020	4

3585	CMG 7 - W&C	Paediatrics	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 potential for patient harm.	<p>Preventive:</p> <ul style="list-style-type: none"> Upskilling nursing workforce to look after level 1b acuity patients on general paediatric wards Upskilling nursing workforce to look after all types of level 2 patients on the current HDU (Ward 12) Reduction in the number of long stay patients who are medically fit but awaiting community support Overall reduction in the number of readmissions across the Children's Hospital Consultant of the week model improving continuity of care to reduce length of stay Creation of a critical care outreach team to support higher acuity patients cared for outside of PIC/HDU Exploration of alternative care models for LTV patients outside of UHL <p>Detective:</p> <ul style="list-style-type: none"> Ongoing monitoring of cancellation rates, capacity, acuity, staff sickness causes and relations with surrounding district general hospitals 	Major	Likely	16	HDU Business Case - Increased nurse training to level 1b across the children's hospital - due July 2020. Critical Care Outreach Business Case - due Feb 2020	8
3586	CMG 7 - W&C	Paediatrics	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 potential for patient harm	<p>Preventive:</p> <ul style="list-style-type: none"> Rapid (within 15 minutes) screening of ED arrivals to triage and allow for early intervention if required - This mitigates increased levels of intervention if the deteriorating child is not identified <p>Detective:</p> <ul style="list-style-type: none"> POPS/PEWS scoring to flag deteriorating patients Safety Huddles including 'watchers' to monitor borderline patients NerveCentre electronic record allowing easy appropriate access to patient information and PEWS scores <p>Corrective:</p> <ul style="list-style-type: none"> Critically Unwell Child SOP clearly sets out how to mitigate and manage risks Flexibility amongst ED/PICU/HDU/Anaesthetics to recognise a shared risk that is inadequately resourced by all teams 	Major	Likely	16	Business Case for PIC Outreach Team – due June 2020. Six month winter secondment (2 x band 7) – due June 2020. Enact HDU business case – due June 2020. NerveCentre/eObs/e Beds further embedded – due June 2020	8
3576	CMG 2 - RRCV	Home Oxygen	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.	<p>Preventive:</p> <ul style="list-style-type: none"> Regular Home oxygen team meeting now in place In-patient referrals now streamlined and accessed via ICE. Referrals are reviewed on a Monday to Friday basis and triaged by the team Pathways are in the process of being reviewed, LTOT and EOL pathway completed. Plans in place to integrate with the ambulatory assessments BUT this does not affect in-patient care. <p>Detective:</p> <ul style="list-style-type: none"> Monthly demand and capacity meetings in place Monthly data report sent to contracts and commissioning team Monitoring of complaints Competencies being completed regarding the physical capacity tests. <p>Corrective:</p> <ul style="list-style-type: none"> Review of all in-patient referrals, daily workload and liaising with discharge coordinators Monitoring of staffing levels and including impact of sickness absences / annual leave 	Moderate	Almost certain	15	Triage in-patient referrals – March 2020. Update the pathway for in-patient referrals – Feb .2020. Develop a business case to staff in-patient workload – Feb 2020.	6

4 RECOMMENDATIONS

- 4.1 The Board is invited to review and approve the content of this report, noting the work on the BAF and the position to entries on the organisational risk register,

and to advise as to any further action required in relation to the UHL risk management agenda.

Report prepared by Head of Risk & Assurance, 31/01/2020.

Board Assurance Framework: Dashboard

Strategic Objective: Becoming the Best - Delivering caring at its best to every patient, every time	PR No.	Principal Risk Event <i>If we don't put in place effective systems and processes to deal with...(the threats described in each principal risk)... then it may result in...</i>	Executive Lead Owner	Decision Boards /Monitoring Forums		Current Rating: (L x I)	Q3 Target Rating (L x I)	Q4 Target Rating (L x I)	AC Deep Dive Assurance
	1	Failure to deliver key performance standards for emergency, planned and cancer care	COO	EPB	QOC / PPPC	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	TBC
	2	Failure to reduce patient harm	MD/CN	EQB	QOC	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	06/03/20
	3	Serious/catastrophic failure in a specific clinical service	MD/COO	EQB	QOC	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	TBC
	4	Failure to deliver the Quality Strategy to plan	CEO	ESB	PPPC	3 x 4 = 12	3 x 4 = 12	2 x 4 = 8	TBC
	5	Failure to recruit, develop and retain a workforce of sufficient quantity and skills	DPOD	EPCB (EQB)	PPPC	5 x 4 = 20	5 x 4 = 20	4 x 4 = 16	24/01/20
	6a	Serious disruption to the Trust's critical estates infrastructure	DEF	ESB	QOC	4 x 5 = 20	4 x 5 = 20	4 x 4 = 16	08/11/19
	6b	Serious disruption to the Trust's critical IT infrastructure	CIO	EIM&T (EQB)	TB	4 x 5 = 20	4 x 5 = 20	4 x 4 = 16	TBC
	7	Failure to deliver the Trust's site investment and reconfiguration programme within resources	DEF	ESB	TB	4 x 4 = 16	4 x 3 = 12	3 x 3 = 9	TBC
	8	Failure to deliver the e-hospital strategy including the required process and cultural change	CIO	EIM&T (EQB)	PPPC	4 x 3 = 12	4 x 3 = 12	3 x 3 = 9	TBC
	9	Failure to meet the financial control total including through improved productivity	CFO	EPB	FIC	5 x 4 = 20 (↑from 16)	Under review	Under review	06/09/19
	10	Failure to work with the wider system	DSC	ESB	TB	3 x 4 = 12	3 x 4 = 12	2 x 4 = 8	TBC
11	Failure to maintain and enhance research market competitiveness by failing to develop Leicestershire Academic Health Partners	MD/DSC	ESB	TB	3 x 3 = 9	3 x 3 = 9	2 x 3 = 6	TBC	

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

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

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

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

Review date:	December 2019	Executive lead(s):	COO	Lead Executive Board:	EPB	Lead TB sub-committee & date reviewed:	QOC / PPPC					
Strategic Objective	Becoming the Best - Delivering caring at its best to every patient, every time											
PR Event (PR 1)	Failure to deliver key performance standards for emergency, planned and cancer care					Deep Dive	Audit Committee TBC					
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)
BAF rating (L x I)	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20			
Target rating (L x I)			5 x 4 = 20			5 x 4 = 20			5 x 4 = 20			5 x 4 = 20
Rationale for score:	Overall demand into the ED has continued with capacity being the key constraint. At a system level, the A&E Delivery Board has approved a more focussed action plan for 2019/20 which responds to guidance issued nationally and regionally about which interventions are likely to have the most impact. For Cancer, the 62 day standard remains the biggest challenge going forward.											
Key threats / opportunities	Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice				Gaps in control / assurance			Actions			Lead	Due Date
Emergency Care:												
Achieving 4hr ED Target	<p>CONTROLS:</p> <p>Preventative:</p> <ul style="list-style-type: none"> Capacity Flow and escalation policy. Success of policy as mitigation is dependent on level of demand in relation to capacity. Capacity and demand bed modelling reviewed at OMG quarterly. Agreement with CCG for UHL to book own transport to avoid delay to patient discharge. <p>Corrective:</p> <ul style="list-style-type: none"> Operational command meeting with OPEL triggers appropriate to each level. Admission prevention & avoidance projects owned by LLR and reported through A&E Delivery Board. Escalation beds on W15 and at Glenfield to relieve pressure on CDU. On-the-day MADE activated to drive discharges when UHL is at OPEL 4. Alert to system partners to ensure action is triggered prior to the 10.30am call – Text Messaging of Chief Officers and operational directors when any part of the system is on OPEL 4. Actions agreed at 8am and check and challenge on the 10:30am call. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE:</p> <ul style="list-style-type: none"> ED patients waiting time report (internal). Patient Centre wait times report (internal). Bed occupancy report (internal). 				<p>1 Nursing workforce constraints continue to hamper flow and impacts on patient experience and performance (breached).</p> <p>2 Ability to empty community beds when we are struggling with capacity and flow.</p> <p>3 Bed capacity modelling identifies a shortfall in medicine beds after mitigating plans between September 2019 – March 2020.</p>			<p>1 Actions as per People Strategy and Implementation Plan.</p> <p>2 UHL COO to LPT Director conversation will ensure utilisation of available community hospital beds – support earlier identification of patients on the day to support better discharge planning – implementing OPEL 4 actions on providing tactical support to identify patients within UHL when UHL are on OPEL 4. Action in place and ongoing</p> <p>3 A) On the day MADE to be activated to drive discharges when UHL is at OPEL 4 – system partners will support an immediate response. B) An alert to system partners will be put in place early in the morning to ensure action is triggered prior to the 10.30am call – Text Messaging of Chief Officers and operational directors when any part of the system is on OPEL 4. Actions agreed at 8am and check and challenge on the 10:30am call. A) LLR system partners identified a number of actions to mitigate against currently modelled bed shortfall, indicating either excess beds or nearly break even number of beds between December and March when included in the bed model. Awaiting update from system partners on actions to reduce demand. Current demand levels suggest either plans have had limited success or plans were successful however demand has continued to rise above planned levels. Update as per AEDB.</p>			HW DM	March 2020. Ongoing
										FL		Ongoing
										FL		Ongoing
										FL		March 2020

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

	<ul style="list-style-type: none"> UHL Capacity Reports (internal). A&E Delivery Board and sub groups – monitor progress of system wide actions, chaired by CCG MD (internal). Quarterly Bed Modelling report (internal). 		<p>B) Change to the Governance structure and management for urgent and emergency care into Streamlined Emergency Care group with 2 focused areas - Safe and Timely Discharge and Safe and Timely Assessment.</p> <p>C) Plan enacted to reduce elective orthopaedic capacity to free nursing staff and open Ward 22 for acute medicine beds. Initial increase in 14 beds rising to 24.</p>	<p>RB/AF/CF</p> <p>RB/AF/CF</p>	<p>Jan 2020</p> <p>March 2020</p>
<p>• Planned Care:</p>					
Increased RTT Waiting List Size / backlog	<p>CONTROLS: Preventative:</p> <ul style="list-style-type: none"> Trust Access Policy. NHS Constitution. Demand and capacity modelling. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE:</p> <ul style="list-style-type: none"> Weekly Access Meeting (internal). Monthly system Activity Triangulation meeting (internal). Performance Review Meeting (internal). Long Waiters Report (internal). Bi-weekly 40+ week report (internal). Daily long waiters TCI report (internal). 	<ol style="list-style-type: none"> Reduction in capacity from original 2019/20 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. Delayed delivery of QIPP RSS to deflect demand away from secondary care. Elective orthopaedic capacity reduced over and above winter plans to support emergency care pathways. 	<ol style="list-style-type: none"> Demand management plans including RSS supporting to bridge capacity gap. Working with system partners to maximise activity efforts with coordinated response that meets targets and minimises financial risk. UHL maintain planned activity in line with FOT with no agreement to reduce spend at expense of delivering operational performance. Agreed system delays to starting 26 week choice outlined in planning guidance. No change in LLR financial situation at M7. Working with commissioners for 2020/21 planning and systems ability to support backlog reduction as part of next financial years plan. Contractual agreement reached for remainder of 2019/20. Waiting list size remains a key performance standard. Working with RSS delivery team and commissioners as part of triangulation meetings. Working to further increase ophthalmology pathways under RSS including glaucoma to reduce UHL demand. Orthopaedic team reviewing capacity daily to maximise available bed base. 	<p>WB</p> <p>WB</p> <p>WB</p>	<p>April 2020</p> <p>Dec 2019</p> <p>March 2020</p> <p>March 2020</p>
<p>• Cancer care:</p>					
62 day cancer performance target	<p>CONTROLS: Preventative:</p> <ul style="list-style-type: none"> Trust Access Policy. NHS Constitution. Staffing identified to deliver sessions being offered ad hoc from NGH and KGH. <p>Corrective:</p> <ul style="list-style-type: none"> UHL to use of Derby spare robotic sessions (staffing dependent) to manage backlog and capacity in Urology. 	<ol style="list-style-type: none"> Significant increase in demand. Upper GI 28 Day FDS pathway. 	<ol style="list-style-type: none"> A) Demand capacity reviews in challenged tumour sites B) Planned use of the Independent Sector for Cancer Template Biopsies. Waiting for top up costs to be confirmed by the provider and, if agreed, the plan would be to send 20 patients through. Development of Upper GI 28 Day FDS pathway with the MDT Members underway. 	<p>SL</p> <p>SL</p> <p>SL</p>	<p>April 2020</p> <p>Jan 2020</p> <p>March 2020</p>

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

	<ul style="list-style-type: none"> • Weekly face to face confirm and challenge for patients at 28 days and over for tumour sites not delivering the 62 day standard. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE:</p> <ul style="list-style-type: none"> • Cancer Action Board (internal). • 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). 				
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Appendix 1 - 2019/20 Board Assurance Framework – Dec (FINAL)

Review date:	December 2019	Executive lead(s):	MD / CN	Lead Executive Board:	EQB	Lead TB sub-committee & date reviewed:	QOC					
Strategic Objective	Becoming the Best - Delivering caring at its best to every patient, every time											
PR Event (PR 2)	Failure to reduce patient harm					Deep Dive	Audit Committee 06/03/2020					
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)
BAF rating (L x I)	4 x 5 = 20	4 x 5 = 20	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15			
Target rating (L x I)			3 x 5 = 15			3 x 5 = 15			3 x 5 = 15			3 x 5 = 15
Rationale for score:												
Key threats / opportunities	Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice					Gaps in control / assurance			Actions		Lead	Due Date
<ul style="list-style-type: none"> Inadequate clinical practice and/or ineffective clinical governance. Lack of resources to fully embed a proactive approach to managing safety. 	<p>CONTROLS:</p> <p>Preventive:</p> <ul style="list-style-type: none"> Plan includes set of quality priorities, along with key enabler priorities for 19/20 – included in the Quality Strategy (BtB), agreed by TB and performance monitored via the Executive Team. 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 INsite (Policy and Guideline Library) and accessible to all staff. QI safety initiatives embedded in clinical settings – stop the line. Patient Safety Portal – available on insite and accessible to all staff. Dedicated Quality & Safety and 'time2train' sessions quarterly. Appointment of a LocSSIP nurse to further embed the LocSSIP Quality Assurance framework for invasive procedures. Review of any GIRFT visit recommendations <p>Corrective:</p> <ul style="list-style-type: none"> Regular liaison meetings with Leic Coroner re hospital deaths and inquests. Medical Examiner and Learning from Deaths reviews triangulated with patient safety data. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE:</p> <ul style="list-style-type: none"> Established incident theme boards (i.e. falls, safer surgery, VTE, diabetes, deteriorating patient) to detect and monitor harms (internal). Ward assessment and accreditation programme (internal). Trust wide risk monitoring and governance structure in place including programmes for: risk register, CAS broadcasts, Incident reporting, Complaints, Claims & Inquest, clinical audit (internal). Senior leadership safety walkabout programme (internal). CMG PRMs monitor Quality (RCA compliance), Workforce, Finance and Operational performance and provide 2-way communication forum with opportunity to confirm and challenge CMGs and also for CMGs to flag issues / report noise in the system (internal). 					<ol 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 Quality Strategy priorities. Align local learning with national learning requirements. 			<ol 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 being recruited into and resources being deployed to support Quality Strategy and Quality Improvement priorities. Attend NHSR Safety and Learning events to ensure aligned with national learning on harms. 		MD / CN.	Q4 19/20
										MD / CN.	March 2020	
										CN	June 2020	
										MD/ CN.	Jan 2020	
										DSR/ MD	February 2020	

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

	<ul style="list-style-type: none">• Quality governance structures and teams at Executive and CMG levels – including EQB (which receive a monthly patient safety report including themes and actions from incidents, risks and complaints), Adverse Events Committee (which scrutinise and analyse learning from incident investigations), Clinical Quality Review Group, and CMG Boards (which receive monthly patient safety incident and risk reports) to identify, oversee and escalate / disseminate quality related matters. QI and supporting priorities progress reported to Executive Boards (internal).• Revised Q&P report facilitates identification of incident / harm themes / trends (internal).• Quarterly harms review to monitor compliance with incident theme Boards.				
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Appendix 1 - 2019/20 Board Assurance Framework – Dec (FINAL)

Review date:	December 2019	Executive lead(s):	MD / COO	Lead Executive Board:	EQB	Lead TB sub-committee & date reviewed:	QOC						
Strategic Objective	Becoming the Best - Delivering caring at its best to every patient, every time												
PR Event (PR 3)	Serious/catastrophic failure in a specific clinical service								Deep Dive	Audit Committee TBC			
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)	
BAF rating (L x I)	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15				
Target rating (L x I)			3 x 5 = 15			3 x 5 = 15			3 x 5 = 15			3 x 5 = 15	
Rationale for score:													
Key threats / opportunities	Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice						Gaps in control / assurance		Actions		Lead	Due Date	
<ul style="list-style-type: none"> Poor clinical practice. Human factors. Poor contingency and resilience planning. Assurance built on poor / lack of quality data. Poor planning and lack of horizon scanning. Crude metrics that lack granularity and do not represent the quality of sub-specialty services or pathways. 	<p>CONTROLS: Preventive:</p> <ul style="list-style-type: none"> Supervision and education of clinical staff across all professions. Clinical revalidation assessment process. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE:</p> <ul style="list-style-type: none"> Q & P metrics report data required at national / local levels on a monthly basis and is reviewed by Executive Boards and Trust Board (internal). CMG PRMs monitor Quality, Workforce, Finance and Operational performance and provide 2-way communication forum with opportunity to confirm and challenge CMGs and also for CMGs to flag issues / report noise in the system (internal). Staff surveys including GMC / educational surveys provide staff opportunity to report issues (internal). Patient reported outcome and experience measures, patient feedback (external/internal) National audit programmes, benchmarked clinician-level outcome data (external) CQC insight report (external) Data gathered for business planning purposes to analyse trends - a multi-disciplinary team across UHL functions devised and populated a model which provides assessment against:- Quality & Safety (outcomes or effectiveness frameworks, Patient safety and incident reports, risk assessments flagged on risk register, CQC feedback); Finances (position against plan, margin assessments); Efficiency & effectiveness (weighted activity unit, benchmark efficiency position); Performance (Impact on RTT/cancer, waiting lists, demand and capacity); soft intelligence (transformation, reconfiguration) (internal). Communication / listening events and forums - Whistle blowing, Freedom to Speak Up Guardian, 3636 line, senior leadership safety walkabout programme (internal). Regular dialogue with regulators and Commissioners (internal/ external). External scrutiny - GIRFT validations, peer assurance reviews (external). UHL Ward assessment and accreditation programme (internal). 						<ol style="list-style-type: none"> A framework to monitor and triangulate data collected by different groups to facilitate learning and quality improvement. Metrics to measure clinical quality that are patient-centred and meaningful; and are bespoke enough to provide comprehensive assessment across all subspecialties/patient pathways. 		<ol style="list-style-type: none"> Develop an 'assurance service framework' for all clinical services that supports a learning system. Appoint an Associate Medical Director for Quality Assured Services in order to develop and implement a clinical quality assurance framework working closely with CMGs and specialty services. Develop metrics that are more granular, patient-centred and meaningful in order to better assess clinical quality of services. 		MD / COO	31/03/20	
											MD	31/03/20	

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

Review date:	December 2019	Executive lead(s):	DPOD	Lead Executive Board:	EPCB – bi-annually	Lead TB sub-committee & date reviewed:	PPPC					
Strategic Objective	Becoming the Best - Delivering caring at its best to every patient, every time											
PR Event (PR5)	Failure to recruit, develop and retain a workforce of sufficient quantity and skills					Deep Dive	Audit Committee 24/01/20 – partial assurance					
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)
BAF rating (L x I)	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20			
Target rating (L x I)			5 x 4 = 20			5 x 4 = 20			5 x 4 = 20			4 x 4 = 16
Rationale for score:	The 5 year People Strategy is a five year plan. The actions planned should help maintain the current score and avoid it rising to 25, and by the end of the financial year we hope to see the likelihood rating reduce.											
Key threats / opportunities	Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice				Gaps in control / assurance				Actions		Lead	Due Date
<ul style="list-style-type: none"> Failure to recruit. 	<p>CONTROLS: Preventive:</p> <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 professional support tools – available on Insite (including Recruitment and Selection Policy and Procedure) – process to review and update policies as appropriate. 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>SOURCES OF ASSURANCE AND LINES OF ASSURANCE:</p> <ul style="list-style-type: none"> Validation of CMG WF risks monitored monthly via PRMs (internal). PWC audit scheduled in Q4 19/20 – outcomes expected. 				<ol 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 Workforce pressures across the system i.e. PCN's. 				<ol style="list-style-type: none"> <p>A) 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).</p> <p>B) NHS nursing retention pilot - in progress.</p> <p>C) Submission of WF numbers to NHSI/E alongside WF chapter – first iteration complete.</p> <p>A) Presentation to SLT to address lack of system WF planning capacity and agreed way forward - complete. Follow up meeting Jan 2020</p> <p>B) Refresh of 5 year WF plan - in progress to incorporate reconfiguration and system planning.</p> <p>A) Rebranding recruitment campaigns following successful £450m monies.</p> <p>B) Re-vamping recruitment around values based assessment tools for senior medical staff.</p> 		<p>CF/JTF/DM</p> <p>EM</p> <p>JTF/HW</p> <p>HW</p> <p>GS</p> <p>MO</p> <p>JTF/CW</p>	<p>Jan 2020 March 2020</p> <p>Jan 2020</p> <p>Dec 2019 Feb 2020</p> <p>Dec 2019 Complete</p> <p>March 2020</p> <p>Jan 2020</p> <p>April 2020</p>

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<ul style="list-style-type: none"> Failure to develop. 	<p>CONTROLS: Preventive:</p> <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 - Integrated Leadership Plan. Phase 1 – Discovery - including QI Agents appointed and training delivered; leadership survey analysis and findings reported; Becoming the Best Focus Groups across all sites delivered. Phase 2 – Design – commenced July 2019. 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. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE:</p> <ul style="list-style-type: none"> Core skills development including Statutory and Mandatory training – regular reporting as part of CMG PRMs and EPCB (internal). 	<ol style="list-style-type: none"> Electronic Appraisal system incorporating people capability framework, requirement to incorporate national approaches to talent management and succession planning. Capacity gap for delivery of People Strategy and capacity gap at system level identified. 	<ol style="list-style-type: none"> Participation in NHS national leadership compact Delivery plan for national high potential scheme (one of 7 partners 8a – 8d) Regional national talent management diagnostic. A) Capacity review underway - Resource agreed. System gap to be discussed in January with system leaders. B) Person Centred Leadership framework agreed – System Academy implementation plan drafted. C) Design consolidation event in February 20 with TB. D) Improvement Agents – next intake in January. E) First quarterly QI Community of Practice for IA's - event in March 2020 F) QI e-learning/support available on HELM and incorporated into Integrated leadership programme. G) Integrated Leadership programme schedule for 2020/21 for sign off 	<p>HW/CF/AF</p> <p>HW</p> <p>HW</p>	<p>Dec-2019 Complete</p> <p>Dec-2019 Feb 2020.</p> <p>Mar 2020</p> <p>Feb 2020</p> <p>Feb 2020</p> <p>March 2020</p> <p>April 2020</p> <p>Feb 2020</p>
<ul style="list-style-type: none"> Failure to retain. 	<p>CONTROLS: Preventive:</p> <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. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE:</p> <ul style="list-style-type: none"> Equality and Diversity Board and integrated action plan (internal). Employee Health & Wellbeing Steering Group and Action Plan (internal). 	<ol 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. Culture and leadership programme implementation. To add new indicators e.g. Learning Disability Employment programme and Sexual Orientation monitoring standard. 	<ol style="list-style-type: none"> Development of staff group specific WF plans. Establishment of a flexible working task and finish group – First meeting took place in Dec 19. Culture and leadership programme design consolidation event in Feb 2020. Agreement of aspirational targets/interventions to EDI board in Dec 19 – complete. A) EDI integrated action plan to EDI Board and TB in 	<p>DB/EM</p> <p>JTF</p> <p>HW</p> <p>BK</p>	<p>Mar 2020</p> <p>Dec-2019 complete</p> <p>Feb 2020</p> <p>Dec-2019 Complete</p> <p>March 2020</p>

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	<ul style="list-style-type: none"> Flexible working task and finish group established in December 2019. 		<p>February. EDI leadership workshops proposed in March 2020. B) 'Just culture' Approach to case management agreed and progressing. C) Review of AMICA Support for Staff HWB in scoping. D) HWB plan /calendar agreed for 20/21 – comms in place strategy to support.</p>		<p>April 2020 March 2020 April 2020</p>
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Review date:	December 2019	Executive lead(s):	DEF	Lead Executive Board:	EQB	Lead TB sub-committee & date reviewed:	QOC								
Strategic Objective	Becoming the Best - Delivering caring at its best to every patient, every time														
PR Event (PR6a)	Serious disruption to the Trust's critical estate infrastructure							Deep Dive	Audit Committee 08/11/19 – partial assurance						
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)			
BAF rating (L x I)	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20						
Target rating (L x I)			4 x 5 = 20			4 x 5 = 20			4 x 5 = 20			4 x 4 = 16			
Rationale for score:	Risk of sudden & unexpected failure of critical estate due to plant, building and infrastructure attrition through lack of backlog investment over many years manifesting as increasing incidence/risk of infrastructure failure interruptions. Dependency on Capital Investment including emergency bids.														
Key threats / opportunities	Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice					Gaps in control / assurance		Actions		Lead	Due Date				
<ul style="list-style-type: none"> Long-term under investment in NHS capital projects and estate. Loss of ability to provide patient/patient support services, or to carry out normal work due to failure of infrastructure/ critical resource including: water, electrical supply, ventilation, piped medical gas, heating and drainage. Critical infrastructure maintained in operational condition beyond design lifecycle and increasingly becoming liable to 'sudden and unexpected' failure. Planned Preventative Maintenance systems in place, but there are skill and resource gaps 	<p>CONTROLS:</p> <p>Preventive:</p> <ul style="list-style-type: none"> Risk based prioritised plan developed by E&F Risk group to support the reduced 2019/20 Capital Programme across the following fields : <ul style="list-style-type: none"> Condition; Compliance; Resilience; Single point Failures. <p>Corrective:</p> <ul style="list-style-type: none"> E&F Escalation and Emergency corrective response arrangements in place to respond to breakdowns and failures. 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. £10m emergency bid funding announced (Sept 2019) to help mitigate some of the for backlog maintenance risks. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE:</p> <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). Annual assurance reports from independent specialists for services including: Electrical, Piped Medical Gas, Water and Specialist Ventilation (internal). Annual Premises Assurance Model assessment (internal). Annual Patient-led Assessments of the Care Environment (PLACE) with scorecard reported nationally and benchmarked (internal). Monthly PPM reports measured against KPIs (internal). 					<ol 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 recruitment of sufficient cleaning and Estates maintenance staff to deliver services and maintain estate with resilience and quality improvements (risk register 3144). 		<ol style="list-style-type: none"> A. Following successful emergency capital bid and announcement of monies for reconfiguration plans a revised 'state of the nation' paper on risks and priorities and investment benefits will be presented to the Board. B. Emergency capital bid funding still not received, but further communication from NHS Estates & NHS England on 27th November 2019 has confirmed what additional information they need required from UHL before the funding is released. The Head of Estates has responded directly to this request and forwarded the required information. This should activate the release of the £10,369,000 emergency capital funding, however, at the time of this report no release date for the funding has been communicated to the UHL. 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 changes) in progress across Estates workforce. 		DEF	DEF	DEF	Feb 2020	March 2020.	March 2020.

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Review date:	December 2019	Executive lead(s):	CIO	Lead Executive Board:	EIM&T - quarterly	Lead TB sub-committee & date reviewed:	QOC					
Strategic Objective	Becoming the Best - Delivering caring at its best to every patient, every time											
PR Event (PR6b)	Serious disruption to the Trust's critical IT infrastructure					Deep Dive	Audit Committee TBC					
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)
BAF rating (L x I)	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20			
Target rating (L x I)			4 x 5 = 20			4 x 5 = 20			4 x 5 = 20			4 x 4 = 16
Rationale for score:	Dependency on obsolete equipment/software, lack of fully redundant infrastructure, risk of cyber attack											
Key threats / opportunities	Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice				Gaps in control / assurance			Actions		Lead	Due Date	
<ul style="list-style-type: none"> Critical incident impacting IM&T services – 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 capital investment in IT infrastructure. Inability of IT vendors to provide fully resilient solutions. 	<p>CONTROLS:</p> <p>Preventive:</p> <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 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 human factors/behaviours with actions to raise awareness via comms campaigns. <p>Corrective:</p> <ul style="list-style-type: none"> Business Continuity Plans (recognised there is a gap at present because some are incomplete). Regular IT – estates forum in place, critical issues identified and remediation in progress as of Dec 2019, due for completion Feb 2020. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE:</p> <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 necessary to make the Trust compliant. Good practice around disaster recovery identified in PwC Audit - Compliance within IT data centres (May 2019). NHSE Core Standards self-assessment – partially compliant (2018/19) (external). EPRR and IM&T infrastructure risks uploaded onto the Datix risk register (internal). Regular independent penetration testing and cyber security audits (internal). 				<ol style="list-style-type: none"> Business Continuity Plans incomplete and not tested. Critical applications not fully redundant by design. Risks around server infrastructure dependent on execution of IM&T data centre strategy and move away from dependency on LRI Kensington data centre. Responsibility for critical on site data centre environmental factors (power/cooling/fire suppression) requires clarification and investment. Information Governance plan for implementation of GDPR analysis by Internal Auditors identified gaps with regard to the new regulation commenced in May 2018. Cyber security risk from PC estate dependent on the completion of the eEquip hardware refresh programme. Cyber security audits to be undertaken. PWC Review - Data Security and Protection (DSP) Toolkit as required by NHS Digital. 			<ol style="list-style-type: none"> Business Continuity plans to be developed to include BIA process for CMGs / depts. Following BCP approval. With IM&T vendors, develop redundant architecture for critical applications. Undertake Corporate Records Audit and developing info Asset Register (IAR). Rollout of the eEquip hardware refresh programme. Progress data centre strategy including improved redundancy via cloud hosting options. <ul style="list-style-type: none"> A) Agree responsibility for investment/maintenance of critical environmental factors and remediate. Priority investment in gas fire suppression systems by March 2020 agreed with estates team from £10m emergency capital. B) Identify alternative mechanisms to fund IT infrastructure investment given scarcity of capital funding. Independent cyber security audit action plans with mitigating actions created and reviewed via IT Cyber Security Board. Consolidated plan to 		<p>EPO</p> <p>CIO</p> <p>HOP</p> <p>CIO</p> <p>CIO / DEF</p> <p>DEF / CIO</p> <p>CFO / CIO</p> <p>CIO</p>	<p>Q4 2020/21</p> <p>Mar 2020</p> <p>Mar 2020</p> <p>Feb 2020</p> <p>Dec-2019 Strategy published. Jun 2020</p> <p>Further review in Mar 2020</p> <p>Dec-2019 Mar 2020 (with new finance team)</p> <p>Completed further review in Jan 20</p>	

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			8. be taken through audit committee. PWC review scheduled Q4 2019/20.	CIO	Mar 2020
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Review date:	December 2019	Executive lead(s):	DEF (/N Topham)	Lead Executive Board:	ESB	Lead TB sub-committee & date reviewed:	TB					
Strategic Objective	Becoming the Best - Delivering caring at its best to every patient, every time											
PR Event (PR7)	Failure to deliver the Trust's site investment and reconfiguration programme within resources								Deep Dive	Audit Committee TBC		
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2) *	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)
BAF rating (L x I)	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	3 x 4 = 12	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 3 = 9
Rationale for score:	* Following the award of £450m announced by the government in Sept, this PR has been refreshed with a new event description and rating from Sept. The rationale for the increase in risk rating to 20 was that given the delays in securing the promised capital monies, both Reconfiguration and Emergency backlog, coupled with the current pressure on backlog capital then the Executive Team consensus was that the current likelihood of this risk occurring is higher. It is anticipated that this score will reduce as the programme progresses through to delivery phase as construction includes a costed risk register.											
Key threats / opportunities	Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice				Gaps in control / assurance				Actions		Lead	Due Date
<ul style="list-style-type: none"> Delays to business case approval or construction could result in inflation increases on prices, reducing available budget to complete the programme. 	<p>CONTROLS:</p> <p>Preventive:</p> <ul style="list-style-type: none"> Pre Consultation Business Case (PCBC) supported by the Regional Assurance panel (on 10th October 2018); concluded in March 2019. 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). Commitment from NHSE & NHSI to streamline business case approval process. <p>Corrective:</p> <ul style="list-style-type: none"> 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. Early meeting with NHSI/E colleagues to discuss consultation process and business case approvals to expedite the process. Projects not dependant on consultation will be fast-tracked to commence delivery in 2020. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE:</p> <ul style="list-style-type: none"> Robust programme management through Reconfiguration Programme Board with monthly progress reporting to FIC, executive committee and the Trust Board (internal). 				<p>1 SROs not identified for some key projects (e.g. new build at GH).</p> <p>2 — Structure of project delivery to be confirmed — e.g. a single project board for the GH supporting the new build to include treatment centre, theatres and wards.</p> <p>3 — Resource plan and supporting structure needs to be developed to reflect the immediate action plan of delivery of early cases not dependant on consultation.</p> <p>4 — Resource structure needs to be developed to reflect health care planning of scheme in preparation for design development post consultation of overarching OBC over the next 9 months.</p> <p>5 PCBC approval at regional and national level and agreement for early draw down of capital to support resource plan.</p>				<p>4 A. Governance of programme being discussed by EPM on the 4th December to consider the revised structure including a new Reconfiguration Executive Board, and potential project SROs ahead of TBTD on the 12th Dec agreed at executive level, arrangements for Trust board still to be confirmed.</p> <p>B. SROs to be identified for remaining projects</p> <p>2 — Structure of programme to be reviewed — e.g. delivery by site, as part of action 1.</p> <p>3 — Membership of Reconfiguration Programme board to be reviewed as part of action 1.</p> <p>4 — Resource plan to be reviewed as part discussion with the EPM on the 4th December and then TBTD on the 12th</p>		JA/DK	Jan 2020
											DK/NT	Jan 2019
											DK/NT	Dec 2019
											NT/NB	Dec 2019

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			<p>December.</p> <p>5 A. PCBC delay due to Region needing more time to consider: now being presented to regional panel on the 22nd January 2020, and national OGSCR on the 11th February before DQPCiC in March.</p> <p>B) Continue to progress discussions on early drawdown of capital in order to start resourcing the programme.</p> <p>C) Emergency capital needs to be accessed.</p>	<p>DK/ NT /JA</p> <p>SL / NT</p> <p>DK</p>	<p>Jan 2020</p> <p>Jan 2020</p> <p>Jan 2020</p>
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Review date:	December 2019	Executive lead(s):	CIO	Lead Executive Board:	EIM&T - quarterly	Lead TB sub-committee & date reviewed:	PPPC					
Strategic Objective	Becoming the Best - Delivering caring at its best to every patient, every time											
PR Event (PR8)	Failure to deliver the e-hospital strategy including the required process and cultural change									Deep Dive	Audit Committee TBC	
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)
BAF rating (L x I)	4 x 3 = 12	4 x 3 = 12	4 x 3 = 12	4 x 3 = 12	4 x 3 = 12	4 x 3 = 12	4 x 3 = 12	4 x 3 = 12	4 x 3 = 12			
Target rating (L x I)			4 x 3 = 12			4 x 3 = 12			4 x 3 = 12			3 x 3 = 9
Rationale for score:	Risk remains around capacity of the organisation to deliver process and cultural change.											
Key threats / opportunities	Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice				Gaps in control / assurance				Actions		Lead	Due Date
<ul style="list-style-type: none"> Lack of funding for IM&T programme. Failure to progress UHL digital maturity by 2024. IT capability to reduce dependency on paper and associated transformation is reduced or absent. Significant cyber security risks will manifest if sufficient progress is not made to eliminate obsolete and legacy technology from the estate. 	<p>CONTROLS: Preventive:</p> <ul style="list-style-type: none"> IM&T project plan capacity and priorities monitored via IM&T Strategy board, Operational Management Group and Exec IM&T board. <p>Corrective:</p> <ul style="list-style-type: none"> £1.3m 2018/19 HSLI funding received 30.08.19. 2019/20 and GDE bids in progress. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE:</p> <ul style="list-style-type: none"> IM&T capital programme monitored by CMIC group via risk based investment approach (internal). Ongoing progress monitored at STP level via the LLR IM&T Strategy Board. UHL CIO and CMIO in attendance and chaired by UHL CEO from July 2019 (internal / external). Cyber security risks captured on trust risk register (Datix) (internal). Digital maturity progress reported at eHospital Programme and EIM&T boards (internal) and monitored via independent HIMMS audit (external). 				<ol style="list-style-type: none"> Likelihood of access to external funding (HSLI / GDE 19/20) unclear given national pressures on capital. Risk of data breach as a consequence of reliance on paper/faxes will not be reduced. Failure to progress digital maturity index and improve HIMMS (EMRAM) scoring in line with national policy by 2024 may result in significant external (local and national) scrutiny. IM&T capacity to deliver the eHospital programme to the required pace and quality constrained by size of the UHL team and ability of the IM&T Managed Business Partner (MBP) to support project work. STP priorities may not align with UHL priorities. 				<ol style="list-style-type: none"> Monitor applications for available external IM&T capital funds. Awaiting release of £1.3m HSLI funding. Publish Cyber Security Strategy. Risks and mitigation plans around legacy systems unable to be replaced or delayed (including faxes and paper records) recorded on Datix and reviewed/monitored at eHospital programme board. Deliver 2019/20 eHospital programme milestones. Review whether STP priorities require resources and whether UHL are able to commit in the timeframe required. In progress, delayed due to delayed receipt of HSLI funding 		CIO	Jan-2020 Mar 2020
<ul style="list-style-type: none"> Organisation not able to change process and/or culture at sufficient pace to realise the projected benefits of the eHospital programme by 2022. 	<p>CONTROLS: Preventive:</p> <ul style="list-style-type: none"> Improvement agent network to be leveraged to identify "IT Champions" throughout the organisation at all levels. Organisational awareness campaign, updates cascaded to staff via CE briefings bimonthly. <p>Corrective:</p>				<p>Alignment of people strategy and eHospital strategy and staff not sufficiently aware of the eHospital programme, its objectives and how it will impact on their role.</p> <ol style="list-style-type: none"> CMG engagement and ownership of digital transformation, including release of benefits and implementation of new ways of working is insufficient. 				<p>Publish comms strategy & engagement plan for eHospital programme. To be presented to e-hospital Board 21/11/19 (including staff engagement session 30/10/19).</p> <ol style="list-style-type: none"> Development of eHospital / people & culture enabling plan. Meeting 		HOPP	Dec 2019 Complete
										CIO / DPOD		Jan-2020 Feb 2020

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	<ul style="list-style-type: none"> Change management support requirements identified on a project by project basis via the Local Organisational Readiness Assessment (LORA). Conflict around process change managed via eHospital board or Clinical Operational Design Authority (CODA) group by exception. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE:</p> <ul style="list-style-type: none"> Benefits and performance tracked at eHospital programme board (internal). Ongoing change issues monitored by IM&T Change & Benefits Lead (internal). 		<p>scheduled for Feb 2020.</p>		
<ul style="list-style-type: none"> Lack of implementation resource for eHospital projects due to ability to release clinical staff from front line duties 	<p>CONTROLS:</p> <p>Preventive:</p> <ul style="list-style-type: none"> eHospital clinical facilitators and project support officers in place to support front line areas through change elements of eHospital projects. CMIO/CNIO tasked with agreeing safe release of staff from front line duties to support where feasible. eHospital steering group initiated from Jan 2020 including resourcing as a standing agenda item to maximise use of available teams. Detailed benefits plan for each project to ensure resources targeted appropriately. Standard approach implemented to benefit capture and monitoring to aid resource deployment to backfill clinical roles to support process change. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE:</p> <ul style="list-style-type: none"> Staffing challenges monitored via project and eHospital programme board meetings (internal). 	<p>1. No ability to fund release of clinical front line staff to support eHospital projects during 19/20.</p>	<p>1. Options appraisal to support the e-hospital project via existing networks of staff and potential to supplement with HSLI funding if monies are received.</p>	<p>CIO</p>	<p>March 2020</p>

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Review date:	December 2019	Executive lead(s):	CFO	Lead Executive Board:	EPB	Lead TB sub-committee & date reviewed:	FIC					
Strategic Objective	Becoming the Best - Delivering caring at its best to every patient, every time											
PR Event (PR9)	Failure to meet the financial control total including through improved productivity						Deep Dive:	Audit Committee 06/09/19				
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)
BAF rating (L x I)	3 x 4 = 12	3 x 4 = 12	3 x 4 = 12	3 x 4 = 12	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	5 x 4 = 20			
Target rating (L x I)			3 x 4 = 12			4 x 4 = 16						Under review
Rationale for score:												
Key threats / opportunities	Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice					Gaps in control / assurance			Actions		Lead	Due Date
<ul style="list-style-type: none"> Non-delivery of CMG and Corporate Directorate Control Totals including £26m Efficiencies and impact on Long Term Financial Plan for financial sustainability 	<p>CONTROLS:</p> <p>Preventive:</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 Control Totals for CMGs and Corporate Departments that are being monitored and managed within the Financial Accountability Framework and Performance Management Framework. CIP Plans that are targeted by theme for CMGs and Corporate Departments with cross-cutting schemes being supported by corporate based resource in addition to local CMG transformation leads. SROs identified for CIP plans. Appropriate level of investment supporting the resolution of the demand/capacity challenges with additional capacity over the winter period. LLR system wide financial recovery board in place in conjunction with System Sustainability Group (SSG) Commercial Strategy - to help exploit commercial opportunities available to the Trust and working with NHSI to ensure a consistent and jointly agreed position statement is made with regards the Trust's subsidiary company. Corporate Services review (in line with the requirements of the Carter report). Quality safeguards - to reduce expenditure are subject to Quality Impact Assessment – overseen by the COO, Medical Director, Chief Nurse & CFO. Enhanced pay and non-pay controls as approved through the Financial Recovery Board. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE:</p> <ul style="list-style-type: none"> Financial Recovery Board chaired by CEO (internal) - providing increased scrutiny and corporate oversight including strengthening "Grip and Control" measures. Financial governance and performance monitoring arrangements at Trust Board (FIC), Audit Committee, Executive Meetings (EQPB), CMG PRMs, directorate and CMG service line levels (internal). Cost pressures and service developments minimised and managed through the Revenue and Investment Committee (internal). 					<p>The initial plan had a residual planning gap of £7.8m, including assumed delivery of QIPP schemes of £5.4m and unidentified CIP of £1.8m with some schemes red rated.</p> <p>1. A) Financial risks in CMGs and Estates which are reporting YTD deficits to plan at Month 6 and are indicating a forecast that is a negative variance from their control total. B) Unfunded and emerging cost pressures driven by lack of access and availability of capital funding (i.e. decontamination, ageing medical equipment and IM&T e-quip projects).</p> <p>2. Operational pressures requiring all available capacity to be opened.</p> <p>3. Impact of balance sheet review.</p>			<p>1. A) Central Finance team reviewing options to close the gap through recurrent means to be presented to CFO and FRB for review and approval. B) QIPP working group in place to monitor effectiveness and delivery of QIPP schemes.</p> <p>1. A) Three CMGs in Special Measures and interim support solution for the other three CMGs at risk plus Estates. W&C has left special measures. B) Revised Control Totals have been set in order to lock in risk.</p> <p>2. Applied for Central funding in relation to additional winter capacity.</p> <p>3. Review completed by ICFO to be checked and updated as necessary in Q4 2019/20.</p>		<p>CFO</p> <p>CFO</p> <p>ICFO / COO / CEO</p> <p>ICFO/ CEO</p> <p>ICFO.</p> <p>ICFO</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Jan 2020</p> <p>Jan 2020</p> <p>March 20</p> <p>March 20</p>

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	<ul style="list-style-type: none"> LLR system wide financial recovery board in place in conjunction with System Sustainability Group (SSG) (external). NHS I performance review meetings including I&E submissions and additional monthly review meetings with NHSI Finance team to review financial position including CIP and assessment of financial risks (internal / external). 				
<ul style="list-style-type: none"> System imbalance and Commissioner affordability 	<p>CONTROLS: Preventive:</p> <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. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE:</p> <ul style="list-style-type: none"> Financial Recovery Board chaired by CEO (internal). LLR system wide financial recovery board in place in conjunction with System Sustainability Group (SSG) (external). 	<p>As at Month 7 there is was significant over-performance of Commissioner Contracts. Following the settlement of 18/19 contract challenges a full assessment of this for 19/20 requires completion. In addition to new 'in-year' challenges.</p> <ol style="list-style-type: none"> The year-end settlement needed to be reviewed by the FIC in December 2019. 	<p>1. Over-performance and contract challenges co-ordinated through central finance and contracting teams.</p> <p>2. Central finance and contracting team to model the impact of 18/19 challenges with 19/20 and assess the likely impacts of new 'in-year' challenges.</p> <ol style="list-style-type: none"> Draft Year-end financial settlement amounts being have been agreed discussed with LLR CCGs following approval at FIC in November 2019. 	ICFO	Dec 2019
<ul style="list-style-type: none"> Capital constraints impacting on reconfiguration and capital enabling schemes 	<p>CONTROLS: Preventive:</p> <ul style="list-style-type: none"> Capital pressures and service developments minimised and managed through Capital Management Investment Committee (CMIC). Capital Budgets in place which are monitored and managed through CMIC. Reduced capital programme in place on the assumption that no external funding is available. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE:</p> <ul style="list-style-type: none"> NHS I performance review meetings including capital requirements and additional monthly review meetings with NHSI Finance team incorporating Capital (internal / external). Reconfiguration Board meetings (internal). 	<ol style="list-style-type: none"> Emergency Capital Loan process is defined but likelihood and timeframes for decision making is unknown. Correspondence received from NHSI/E detailing the outcome of the July capital re-submission process. Lack of availability of capital within 2019/20 at a national level placing additional pressure within I&E for temporary or alternative solutions that will be unfunded cost pressures. 	<p>1. Emergency capital loan funding requests has been received as requested approved (verbally) with additional application forms being required before cash and the ability spend will be made.</p> <ol style="list-style-type: none"> Alternative funding options were being explored with external/private sector partners to review 'off-balance sheet' options. No alternative solutions were have been found other than temporary solutions that require I&E funding. 	ICFO	Dec 2019
<ul style="list-style-type: none"> Availability of cash to support working capital requirements 	<p>CONTROLS: Preventive:</p> <ul style="list-style-type: none"> Working capital, capital loan, and internal capital funding arrangements. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE: Financial governance and cash monitoring arrangements at Trust Board through FIC</p>	<ol style="list-style-type: none"> Increased level of stoppages pending payment of outstanding supplier invoices. Significant cash inflows required following the 18/19 contract settlement process 	<p>1. Monthly Cash Paper presented to FIC outlines the strategic position in relation to cash including an application for increased loans to support working capital</p>	ICFO	Ongoing

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	(internal).	with CCGs.	<p>requirements. An application for £23m has been approved with cash received on 14 October 2019.</p> <p>1. Working capital loan being secured following deficit reinstatement in Q3.</p>		
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Review date:	December 2019	Executive lead(s):	DSC	Lead Executive Board:	ESB	Lead TB sub-committee & date reviewed:	TB					
Strategic Objective	Becoming the Best - Delivering caring at its best to every patient, every time											
PR Event (PR10)	Failure to work with the wider system						Deep Dive	Audit Committee TBC				
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)
BAF rating (L x I)	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	3 x 4 = 12	3 x 4 = 12			
Target rating (L x I)			4 x 4 = 16			4 x 4 = 16			3 x 4 = 12			2 x 4 = 8
Rationale for score:	The current rating has been reduced from 16 to 12, in view of the progress made in terms of a new planning process, contract form and associated transformation and delivery structures.											
Key threats / opportunities	Controls Assurance (to provide 'Confidence' / 'Evidence' / 'Certainty') that key systems and processes are working in practice			Gaps in control / assurance				Actions		Lead	Due Date	
<ul style="list-style-type: none"> Governance structures across the Trust and the System are not fit to deliver the scale of opportunity. 	<p>CONTROLS: Preventative:</p> <ul style="list-style-type: none"> UHL CE is now joint STP lead, with DSC taking a lead role in development of governance in partnership with CCG STP lead. Revised STP governance designed in light of new planning structures. Note: The System Leadership Team has been replaced by NHS System Executive. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE:</p> <ul style="list-style-type: none"> Internal self-assessment reviews about the efficacy of the controls for this risk have been reported to ESB; Stakeholder meetings; Trust Board sub-committees and have identified gaps in active participation in several related STP work streams – this has been rectified with operations and strategy attendance at key STP meetings (internal). 			<p>1 Review of the LLR STP (ICS Maturity Index) has shown that this risk is not fully mitigated as assurance of efficacy of the partnership working is limited at this point. This tells us that there are gaps in current governance processes. Current governance processes have been strengthened through a revised governance process, with the Trust represented at each decision making and assurance body.</p>				<p>1 CCG's have agreed to consult on the merger of 3:1.</p>		MW	Jan 2020	
<ul style="list-style-type: none"> Multiple CMGs and services now involved in delivery of models of care internally and with external partners. 	<p>CONTROLS: Preventative:</p> <ul style="list-style-type: none"> Positive engagement noted in delivery of models of care at CMG level. CMG owned models of care agreed at part of PCBC process. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE:</p> <ul style="list-style-type: none"> Regular updates about changes reported at OMG/ESB (internal). 			<p>1 Specific allocated resource is required across the Trust and system to enact the transformation required – this is not in place for all CMGs or all work streams.</p>				<p>1 Reassess the need once STP workshops have been deferred until Jan 2020 in light of the new planning process.</p>		MW	Jan 2020	
<ul style="list-style-type: none"> Active Clinical input and leadership required across key STP work streams such as planned care, urgent care, Integrated Locality teams, and Home First to enable the models of care to put into place. 	<p>CONTROLS: Preventative:</p> <ul style="list-style-type: none"> Senior Clinical Cabinet briefed in June 2019 and ESB in November 2019 on both the requirements of an ICS model and consulted on how best to engage with clinical colleagues across UHL. 			<p>1 Risk that sufficient clinical staff will not be released across the system – particularly staff groups such as GP's, therapists, pharmacists etc.</p>				<p>1 Clinical staff to be released to attend workshops scheduled for January. 6 weeks' notice will be</p>		RV	Jan 2020	

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	<ul style="list-style-type: none"> • System wide workshops agreed with a focus on: <ul style="list-style-type: none"> – Ensuring all clinical staff are aware of the changes and implications of moving to an ICS contract. – Assessing what is required across local and regional networks to enable our models of care to be delivered across the LLR system. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE: Regular updates about changes reported at OMG/ESB (internal).</p>		provided to ensure clinical attendance.		
<ul style="list-style-type: none"> • System wide PMO including: Project and programme management; Specialist Support e.g. business intelligence, strategic planning; Change Management and Transformation Function not in place and currently the system / commissioner and provider imperatives are misaligned. 	<p>CONTROLS: Preventative:</p> <ul style="list-style-type: none"> • Newly formed System Sustainability Group in place, with the LLR Planning Operational Group supporting actions from SSG. • Trust Board and CMG representatives briefed via Trust Board thinking Day and ESB in November 2019. <p>SOURCES OF ASSURANCE AND LINES OF ASSURANCE: Regular updates about changes reported at OMG/ESB (internal).</p>	1 There is not yet agreement re: how to ‘balance’ the system finances whilst also meeting the requirements of our regulators.	1. Positive progress made in terms of a new contract form and associated transformation and delivery structures. Contract form to be formally agreed.	MW / JA	Jan 2020

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

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BAF Scoring process:

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

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

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

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

Risk Sub-type	1	2	3	4	5
	Rare	Minor	Moderate	Major	Extreme
<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.

Principal Risk Owners:

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

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 descriptions and ratings (as at 31st Dec)

Risk ID	CMG	Specialty	Opened	Review Date	Risk Description	Current Risk Score	Target Risk Score
3139	CMG 1 - CHUGGS	Endoscopy	09/Jan/18	17/01/2020	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.	20	4
2284	CMG 1 - CHUGGS	General Surgery	03/Dec/13	17/01/2020	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.	20	6
2565	CMG 1 - CHUGGS	General Surgery	03/Jun/15	17/01/2020	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	20	9
2621	CMG 1 - CHUGGS	General Surgery	20/10/2015	17/01/2020	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	20	6
3556	CMG 1 - CHUGGS	General Surgery	21/11/2019	17/01/2020	If the 4 closed beds on Ward 22 at LRI are opened and the Ward is unable to provide adequate skill mix of staff to care for patients, caused by high volumes of daily ITU discharges to the ward, then it may result in delays with treatment leading to potential for patient harm.	20	9
1149	CMG 1 - CHUGGS	Oncology	16/04/2009	17/01/2020	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	20	9
3333	CMG 1 - CHUGGS	Oncology	30/10/2018	17/01/2020	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.	20	4
3014	CMG 2 - RRCV	Renal Transplant	08/May/17	31/01/2020	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	20	9
3210	CMG 2 - RRCV	Renal Transplant	23/06/2018	28/02/2020	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	20	8
3359	CMG 3 - ESM	Acute Medicine	27/12/2018	31/12/2019	If ESM CMG do not recruit and retain into the current nursing vacancies within Specialist Medicine, including the extra capacity wards opened, then it may result in widespread delays with patient diagnosis or treatment, leading to potential harm.	20	9
3222	CMG 3 - ESM	Emergency Department	21/08/2018	31/Mar/20	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	20	10
3077	CMG 3 - ESM	Emergency Department	04/Aug/17	31/12/2019	If there are delays in the availability of in-patient beds leading to overcrowding in the Emergency Department and an inability to accept new patients from ambulances, then it may result in detrimental impact on quality of delivered care and patient safety within the ED leading to potential harm.	20	15
3435	CMG 3 - ESM	Neurology	12/Apr/19	31/01/2020	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	20	9
3132	CMG 4 - ITAPS		19/02/2019	30/01/2020	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.	20	6
3474	CMG 4 - ITAPS	Theatres	02/Jul/19	28/02/2020	If the 8 Endoscopy washer machines based within all 3 theatre departments have a catastrophic failure, caused due to aged and obsolete equipment, then it may result in a prolonged disruption to the continuity of patient care because theatres will be unable to provide cleaned and safe flexible lumened scopes to their patients.	20	4
3475	CMG 4 - ITAPS	Theatres	04/Jul/19	28/02/2020	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.	20	12
2615	CMG 6 - CSI	Pathology - Clinical Microbiology	11/Sep/15	15/01/2020	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	20	2
3023	CMG 7 - W&C	Maternity	18/05/2017	31/03/2020	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	20	6
3483	CMG 7 - W&C	Maternity	10/Jul/19	28/02/2020	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	20	5

Risk ID	CMG	Specialty	Opened	Review Date	Risk Description	Current Risk Score	Target Risk Score
3083	CMG 7 - W&C	Neonatology	04/Sep/17	05/Jan/20	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.	20	3
3084	CMG 7 - W&C	Neonatology	06/Sep/17	05/Jan/20	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.	20	5
3090	CMG 8 - The Alliance	Alliance - Hinckley	21/09/2017	01/Feb/20	If the poor condition of the estate at the Hinkley and District Hospital is not rectified, this will hinder the delivery of activity and stop developments and transformation of care in line with the STP	20	5
3143	Estates & Facilities		11/Jan/18	28/01/2020	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	20	6
3437	Estates & Facilities	Radiation Safety Service	18/04/2019	31/03/2020	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	20	12
3226	Finance & Procurement	Finance	29/06/2018	31/03/2020	If we overspend on non-pay, then it may result in us exceeding our annual budget plan, leading to financial and reputational impact	20	10
3511	Human Resources		30/08/2019	31/12/2019	If Senior Medics and Nurses reduce their hours, decide not to undertake additional work or leadership positions, or take early retirement, caused by HM Revenue & Customs pension changes to life time and annual allowances, then it may result in significant operational difficulties in delivery of patient care and delays with patient diagnosis and treatment, leading to potential harm and prolonged service disruption	20	20
3148	Corporate Nursing		12/Jan/18	31/Mar/20	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	20	12
2404	Corporate Nursing	Infection prevention	19/08/2014	30/1/2019	If the processes for identifying patients with a centrally placed vascular access (CVAD) device within the trust are not robust, then it may result widespread delays with patient diagnosis or treatment leading to potential harm and increased morbidity and mortality.	20	4
3298	Corporate Nursing	Infection prevention	28/08/2018	30/1/2019	If there are ward and bay closures during the outbreak of Carbapenem-resistant Organisms (CRO), then it may result in widespread delays with patient transfer of care/ flow for emergency admissions leading to potential harm, adverse reputation and service delivery impact.	20	5
3485	CMG 1 - CHUGGS		17/07/2019	17/01/2020	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	16	12
3550	CMG 1 - CHUGGS		30/10/2019	30/01/2020	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.	16	8
3260	CMG 1 - CHUGGS	General Surgery	22/08/2018	17/01/2020	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.	16	6
3557	CMG 1 - CHUGGS	Radiotherapy	21/11/2019	28/02/2020	If staffing levels in the radiotherapy breast service remain below establishment, then it may result in delays to breast patients accessing radiotherapy treatment, leading to service disruption and the potential for patient harm.	16	8
3570	CMG 1 - CHUGGS	Radiotherapy	12/Dec/19	28/02/2020	If the 11 year old Prosoma server fails before planned replacement, then it may result in unresponsive care, leading to breast and palliative patients needing to be diverted to other hospitals at a rate of ~35/week.	16	4
3519	CMG 1 - CHUGGS	Urology	06/Sep/19	17/01/2020	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.	16	8
3534	CMG 2 - RRCV		25/09/2019	31/01/2020	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)	16	12
3555	CMG 2 - RRCV		14/11/2019	31/12/2019	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	16	4
3554	CMG 2 - RRCV	Allergy	06/Dec/18	31/01/2020	If medical staffing gaps in Allergy Service are not addressed, then it may result in waiting list increases and widespread delays with patient diagnosis or treatment leading to potential for harm and non-compliance of RTT national targets	16	8

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3533	CMG 2 - RRCV	Cardiology	28/09/2019	31/01/2020	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.	16	8
3413	CMG 2 - RRCV	Respiratory Medicine	07/Mar/19	31/03/2020	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	16	12
2388	CMG 3 - ESM	Emergency Department	29/10/2014	30/04/2020	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.	16	6
3025	CMG 3 - ESM	Emergency Department	30/05/2017	31/03/2020	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.	16	4
3202	CMG 3 - ESM	Emergency Department	25/04/2018	31/01/2020	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.	16	8
3198	CMG 3 - ESM	Metabolic Medicine & Endocrinology	12/Apr/18	31/01/2020	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	16	4
2333	CMG 4 - ITAPS	Anaesthesia	17/04/2014	30/01/2020	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.	16	2
3119	CMG 4 - ITAPS	Theatres	04/Oct/17	29/02/2020	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	16	12
3509	CMG 5 - MSK & SS	ENT / Otorhinolaryngology	28/08/2019	30/1Jan/20	If ENT's H&N Consultant Posts are not recruited in to, then it may result in delay to Cancer Patient Pathways and Treatment, leading to potential for harm and 62 Day Cancer Breaches to the Trust	16	6
3508	CMG 5 - MSK & SS	Maxillofacial	28/08/2019	30/1/2019	If the critical SHO vacancy gaps in Max Fax are not recruited into, then it may result in widespread delays with patient diagnosis and treatment, leading to potentially significant harm to patients	16	12
3341	CMG 5 - MSK & SS	Trauma Orthopaedics	22/11/2018	30/01/2020	If there is a lack of theatre time and lack of acknowledgement of urgency for getting NoF patients operated on, then it may result in widespread delays with patient treatment, leading to harm (mortality and morbidity) with patient outcome compromised the longer they await theatre.	16	8
3482	CMG 6 - CSI		09/Jun/19	31/01/2020	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	16	12
3129	CMG 6 - CSI	Pathology - Blood Transfusion	19/12/2017	15/01/2020	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).	16	4
3205	CMG 6 - CSI	Imaging - Breast	20/06/2018	30/01/2020	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.	16	8
3497	CMG 6 - CSI	Dietetics	13/08/2019	31/01/2020	If Calea UK are unable to provide home parenteral nutrition services to patients under the care of UHL, caused by reduction in compounding capacity at Calea UK, then it may result in delays with patient treatment, leading to potential harm	16	16
3460	CMG 6 - CSI	Pathology - Fast Track Routine Blood Sciences	12/Jun/19	28/Feb/20	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.	16	4
3206	CMG 6 - CSI	Pathology - General Pathology	11/May/18	15/01/2020	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.	16	6
3514	CMG 6 - CSI	Pathology - Cellular Pathology	04/Sep/19	15/01/2020	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.	16	4
3286	CMG 6 - CSI	Pathology - Immunology	31/08/2018	15/03/2020	If Consultant Immunologist staffing levels are below establishment, then it may result in widespread delays with acute leukaemia patient's diagnosis or treatment, leading to potential for patient harm and failure in meeting key performance indicators for urgent blood cancer diagnostic testing	16	6

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3368	CMG 6 - CSI	Medical Records	22/01/2019	28/02/2020	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.	16	6
3329	CMG 6 - CSI	Pharmacy	24/10/2018	31/03/2020	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	16	8
3481	CMG 6 - CSI	Pharmacy	09/Jul/19	31/03/2020	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.	16	4
3008	CMG 7 - W&C	Centre Neonatal Transport Service	18/05/2017	31/01/2020	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.	16	5
2153	CMG 7 - W&C	Paediatrics	05/Mar/13	31/01/2020	If the high number of vacancies of qualified nurses working in the Children's Hospital is below establishment, then it may result in widespread delays with patient diagnosis or treatment leading to potential harm.	16	8
3558	CMG 7 - W&C	Paediatrics	13/11/2019	24/01/2020	If paediatric neurology is unable to secure cover for current consultant vacancy and cover long term sickness of specialist nurse, then it may result in widespread delays with patient diagnosis and treatment, resulting in patient harm and substantial service disruption.	16	8
3560	CMG 7 - W&C	Paediatrics	13/11/2019	23/02/2020	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.	16	6
3561	CMG 7 - W&C	Paediatrics	13/11/2019	23/02/2020	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.	16	6
3662	CMG 7 - W&C	Paediatrics	14/1/2019	31/01/2020	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	16	9
3585	CMG 7 - W&C	Paediatrics	24/12/2019	31/01/2020	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.	16	8
3586	CMG 7 - W&C	Paediatrics	24/12/2019	31/03/2020	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	16	8
3217	CMG 8 - The Alliance		19/06/2018	01/Feb/20	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.	16	8
3471	CMG 8 - The Alliance		28/06/2019	01/Feb/20	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	16	6
3270	CMG 8 - The Alliance		29/08/2018	01/Feb/20	If the community paediatric service does not transfer to LPT, then this may result in a financial and quality risk to the Alliance (UHL pillar)	16	1
2593	CMG 8 - The Alliance	Alliance - Hinckley	01/Nov/15	01/Feb/20	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.	16	4
3201	Communication s		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.	16	4
3554	Corporate Medical		06/Nov/19	31/12/2019	If administrative staffing levels in PILS are unable to cover the workload, then it may result in prolonged disruption to the continuity of core service and support across CMGs (including in the following areas; Complaints, PHSO cases, Serious incident identification and timely investigations, Duty of Candour compliance and IRMER investigations)	16	8
3144	Estates & Facilities		10/Jan/18	28/01/2020	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	16	12
3145	Estates & Facilities		10/Jan/18	28/01/2020	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	16	6

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3140	Estates & Facilities		09/Jan/18	31/Mar/20	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.	16	8
3141	Estates & Facilities		10/Jan/18	28/01/2020	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.	16	8
3138	Estates & Facilities		09/Jan/18	28/Jan/20	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.	16	4
3364	Estates & Facilities		14/02/2019	28/01/2020	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.	16	8
3489	Estates & Facilities		30/07/2019	28/01/2020	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	16	4
3137	Estates & Facilities	EFMC - 09 Estates Management & Maintenance Service	08/Jan/18	28/Jan/20	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	16	4
3180	Information Management & Technology		19/02/2018	31/12/2019	If fragility in the underlying UHL IM&T infrastructure is not addressed, then it may result in limited or no access to Trust IM&T critical systems, leading to potential service disruption and provision of patient care	16	8
3537	Corporate Nursing		26/09/2019	31/03/2020	If the Safeguarding Electronic Notes System ("SENS") were to develop a fault with no IT support services in place to rectify the issue, and it is not possible to keep the system updated (last updated January 2016 prior to Working Together 2016 and 2018), then it may result in information about vulnerable patients not being able to be retrieved by clinical staff, leading to potential harm, adverse reputation and financial penalty	16	12
3538	Corporate Nursing		26/09/2019	31/12/2019	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	16	8
2774	Operations (Corporate)		25/01/2016	29/01/2020	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.	16	8
3340	Operations (Corporate)	Staff Bank	21/12/2018	28/11/2019	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	16	8
3542	Research & Innovation		20/11/2019	30/Mar/20	If the Trust is unable to provide evidence of compliance with the MHRA Corrective and Preventive Action plan within the agreed timeline (March 2019), then it may result in failure to support research using Pathology Services, leading to loss of commercial trials income and severe national and international reputational damage.	16	8
3391	CMG 1 - CHUGGS	General Surgery	14/02/2019	17/01/2020	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.	15	6
3576	CMG 2 - RRCV		19/12/2019	28/02/2020	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.	15	6
3047	CMG 2 - RRCV	Cardiology	13/07/2017	31/01/2020	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.	15	6
2804	CMG 3 - ESM	Acute Medicine	06/May/16	31/01/2020	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	15	12
3379	CMG 3 - ESM	Acute Medicine	27/02/2019	28/02/2020	If nursing, medical, AHP and support staffing resources and appropriate equipment resources are not available on the winter extra capacity ward (W7, LRI), then it may result in a detrimental impact on safety & effectiveness of patient care delivered, leading to potential patient harm.	15	10
3496	CMG 3 - ESM	Emergency Department	13/08/2019	31/01/2020	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	15	6
3510	CMG 5 - MSK & SS		28/08/2019	30/11/2019	If the lack of facilities to support single sex accommodation in the Professor Harper trauma clinic. (PHTC) are not addressed, then it may result in Patient Dignity being compromised (single sex breach is a never event), leading to poor experience and reputational impacts	15	9

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3549	CMG 5 - MSK & SS		22/10/2019	31/01/2020	If staffing levels at night time are regularly compromised when a trained nurse is moved from Trauma Wards 17/18 or 32, then it may result in delays with patient treatment, leading to potential harm.	15	6
3548	CMG 5 - MSK & SS	Trauma Orthopaedics	22/10/2019	21/01/2020	If the Professor Harper trauma clinic facilities are not fit for purpose, then it may result in the department not being compliant with single sex care requirements, leading to potential harm (poor experience) and reputational impact.	15	6
3517	CMG 6 - CSI		05/Sep/19	15/01/2020	If the Cellular Pathology Service is unable to maintain their quality management system and improve turnaround time performance for samples, then it may result in the service being forced to withdraw from the UKAS accreditation scheme, leading to adverse effect on reputation, loss of commercial opportunities and delays to patient pathways.	15	6
3414	CMG 6 - CSI	Pathology - Immunology	28/02/2019	15/01/2020	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	15	9
3492	CMG 7 - W&C	Maternity	15/08/2019	31/01/2020	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	15	10
3332	CMG 7 - W&C	Paediatrics	30/10/2018	31/03/2020	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	15	4
3512	CMG 8 - The Alliance		23/10/2019	31/01/2020	If an alternative solution cannot be found to provide imaging cover at Hinckley hospital, then it may result in loss of a portfolio of specialised imaging services including OPD, GP access to plain film x-ray and safe delivery of surgery in theatre, leading to significant financial impact, potential patient harm, significant service disruption and reputational damage.	15	6
2394	Communications	Communications	04/Jul/14	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	15	3
1615	Information Management & Technology	IM&T Customer Service & Operations	23/05/2011	31/12/2019	If flooding occurs in our Data Centre at the LRI site, then it may result in limited or no access to Trust systems, leading to potential service disruption and provision of patient care	15	10