

Integrated Risk and Assurance Report

Author: Head of Risk & Assurance

Sponsor: Stephen Ward – Director of Corporate & Legal Affairs

Trust Board paper H

Purpose of report:

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

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board	Monthly	Review and update operational risks on Datix risk register
Executive Board	EFPB April 2021	To discuss BAF and risk register ahead of TB meeting
Trust Board	Today	To review and approve the BAF

Executive Summary

Context

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

Questions

1. What are the highest rated principal risks on the BAF 2020/21?
2. What changes have been proposed to the BAF during review at Executive Board meetings in Q4?
3. What work is planned to refresh the risks on the BAF for 2021/22?
4. What are the typical risk causation themes on the organisational risk register?

Conclusion

1. The highest rated principal risks on the BAF 2020/21 at quarter 4, all rated 20, include:

PR Ref.	Principal Risk Titles	Executive Lead Owner	BAF Current Rating: (L x I)	Target Rating - beyond 2020/21 (L x I)
1	Clinical quality and patient safety	MD/CN	4 x 5 = 20	2 x 5 = 10
2	Operational performance	ACOO	5 x 4 = 20	3 x 4 = 12
3	Workforce sustainability	CPO	5 x 4 = 20	3 x 4 = 12
4	Financial sustainability	ICFO	4 x 5 = 20	4 x 5 = 20
6	Estates - Maintaining/ improving existing critical infrastructure	DEF	4 x 5 = 20	4 x 5 = 20
8	COVID 19 – recovery and restoration / renewal	DSC & ACOO	4 x 5 = 20	3 x 4 = 12

2. There have been no significant changes to risk ratings on the BAF during the current reporting period.
3. The UHL BAF will be reviewed as part of its annual refresh during the next month. Following Trust Board discussion about the revised UHL Priorities for 2021/22, at the meeting today, the BAF will be discussed at an Executive Planning Meeting in May. The revised strategic risks will be identified at a future Trust Board Thinking Day and the BAF 2021/22 will be presented to a future Trust Board meeting. Progress with development of the revised risks on the BAF will be reported on a regular basis to the Audit Committee for assurance and awareness.
4. There are 291 risks recorded on the organisational risk register as at 31st March 2021.



Thematic Analysis of the organisational risk register shows a key causation theme is around gaps in workforce capacity and capability across all CMGs. Other causation themes include information and protocol compliance, infrastructure and environment, equipment and resources, and demand exceeding capacity.

Input Sought

The Board is invited to receive assurance on the process of risk management through the content of this report, noting the work on the Principal Risks on the Board Assurance Framework and the position to entries on the organisational risk register, and to advise as to any further action required in relation to the UHL risk management agenda.

Note: Risk Register & BAF Rating System: Based on risk event occurring (L x I):

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

For Reference:

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

1. Quality priorities

- Safe, surgery and procedures [Yes]
- Improved Cancer pathways [Yes]
- Streamlined emergency care [Yes]
- Better care pathways [Yes]
- Ward accreditation [Yes]

2. Supporting priorities:

- People strategy implementation [Yes]
- Investment in sustainable Estate and reconfiguration [Yes]
- e-Hospital [Yes]
- Embedded research, training and education [Yes]
- Embed innovation in recovery and renewal [Yes]
- Sustainable finances [Yes]

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

- 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 cycle

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 MAY 2021

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

SUBJECT: INTEGRATED RISK AND ASSURANCE REPORT (INCORPORATING UHL BOARD ASSURANCE FRAMEWORK & ORGANISATIONAL RISK REGISTER)

1 INTRODUCTION

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

2. BOARD ASSURANCE FRAMEWORK SUMMARY

2.1 The BAF is an essential governance tool providing assurance over the key controls in place to mitigate the principal risks to the achievement of the Trust's strategic priorities. The BAF is informed by strategic themes from the organisational risk register, in addition to external threats to the delivery of the Trust's priorities.

2.2 A final version of the BAF 2020/21 for quarter four is attached at appendix one. Executive leads have kept their risks under regular review and risks have been discussed and endorsed at their relevant Executive Board meetings as part of the Trust's established BAF governance procedure.

2.3 The table below provides an overview of the principal risks on the BAF 2020/21:

PR Ref.	Principal Risk Titles	Executive Lead Owner	BAF Current Rating March 2021: (L x I)	Target Rating - beyond 2020/21 (L x I)
1	Clinical quality and patient safety	MD/CN	4 x 5 = 20	2 x 5 = 10
2	Operational performance	ACOO	5 x 4 = 20	3 x 4 = 12
3	Workforce sustainability	CPO	5 x 4 = 20	3 x 4 = 12
4	Financial sustainability	ICFO	4 x 5 = 20	4 x 5 = 20
5	IT (eHospital programme, and maintaining/ improving existing critical infrastructure)	CIO	4 x 4 = 16	3 x 4 = 12
6	Estates - Maintaining/ improving existing critical infrastructure	DEF	4 x 5 = 20	4 x 5 = 20
7	Estates - reconfiguration - new estate	DEF	4 x 4 = 16	3 x 4 = 12
8	COVID 19 – recover and restoration / renewal	DSC & ACOO	4 x 5 = 20	3 x 4 = 12

2.4 The UHL BAF will be reviewed as part of its annual refresh during the next month. Following Trust Board discussion about the revised UHL Priorities for 2021/22, at the meeting today, the BAF will be discussed at an Executive Planning Meeting in May and the revised strategic risks will be identified at a future Trust Board Thinking Day and explicitly aligned to the approved Priorities. The BAF 2021/22 will be presented to a future Trust Board meeting and progress with development of the revised risks will be reported on a regular basis to the

Audit Committee for assurance and awareness. In the meantime, the existing risks on the BAF 2020/21 will be carried over to April and May 2021 to ensure that, whilst the new BAF 2021/22 is in development, there is airtime at Executive Board meetings to review the current set of Board approved risks to identify matters of strategic importance that require escalation to the Trust Board.

2.5 Following the initial discussion about risk appetite at the Trust Board Thinking Day in March 2020, our Internal Auditors, in conjunction with the Corporate Risk Team, have commenced the work programme to meet with Principal Risk Leads on the BAF 2020/21 to identify Key Risk Indicators (KRI). Preliminary discussions have taken place with the CPO concerning Principal Risk 3 (workforce sustainability), the CIO about Principal Risk 5 (IM&T), and the CFO and Director of Operational Finance in relation to Principal Risk 4 (financial sustainability). Further work is being undertaken to focus on the strategic causal factors to support identification of KRIs for these risks. This work will continue during the development of the BAF 2021/22 and progress will continue to be reported through to the Executive Team and to the Trust Board. Following the exercise to review the BAF, a piece of work will be undertaken to communicate findings Trust-wide so that boundaries for risk taking behaviour can be understood and applied by leaders across the Trust.

3. ORGANISATIONAL RISK REGISTER SUMMARY

3.1 The Trust's organisational risk register, consisting of operational and corporate risks, has been kept under review by the Executive Finance and Performance Board and by CMG Boards during quarter four. 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.

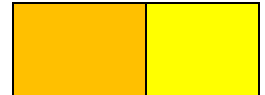
Fig 1: UHL Organisational Risk Register profile by current rating (31/03/21)



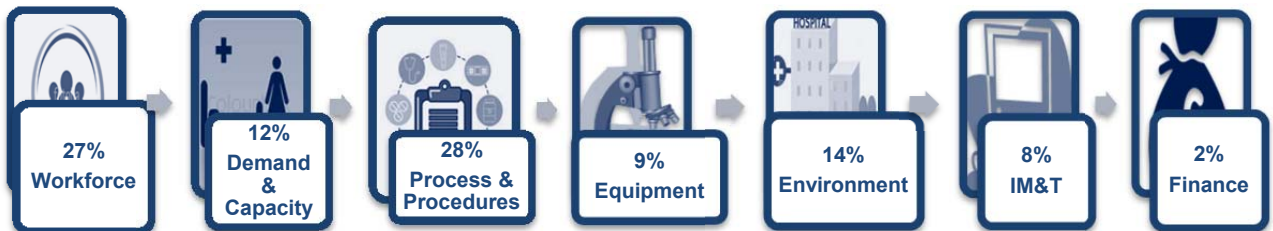
3.2 New risks continue to be identified by CMGs and presented to the Executive Board meetings on a weekly basis for review and endorsement ahead of being reported on the organisational risk register. Details of the new risks scoring 15 and above which have been approved during March 2021 are provided for information below:

ID	CMG	Risk Description – New Risks	Current Rating	Target Rating
3734	RRCV	If we do not have the required number of scrub nurses in the Angiocatheter suite to meet the patient demand, then it may result in an incident that threatens the safety of patients, leading to potential harm, adverse reputation, and service disruption - EFPB endorsed.	16	4
3697	ESM	If there is no suitably trained and competent transfer team to transfer an unstable patient for Emergency Care who is not requiring mechanical ventilation, then it may result in delays to time-critical definitive patient management, leading to potential for harm, adverse reputation and financial impact - EFPB endorsed.	16	4
3740	RRCV	If the Cardiac Rhythm Management service is unable to see patients on the waiting list for Adenosine or Ajmaline tests (due to the suspension of this activity during the Covid 19 pandemic) then it may result in delays in patient diagnosis and treatment with patient's	15	10

waiting longer than the 6 week expected diagnostic waiting time, leading to potential for life threatening patient harm, adverse reputation and financial loss - ESB endorsed.



3.3 Analysis of the risks open on the organisational risk register shows the typical risk causation themes illustrated in the graphic below:



4 RISK MANAGEMENT WORK PROGRAMME

4.1 Following a successful launch of the Datix-web CAS Safety Alerts module, the next significant programme of work for the Corporate Risk Team will be to develop and embed the new Datix-web Risk Register, working with clinical and non-clinical colleagues to develop and test the module. This work programme has been delayed due to the operational pressures on CMGs and corporate services staff as a result of the ongoing pandemic / winter challenges and it is anticipated the new module will be functional across the organisation later in the year.

5 RECOMMENDATIONS

5.1 The Board is invited to receive assurance on the process of risk management through the content of this report, noting the work to the Principal Risks on the Board Assurance Framework and the position to entries on the organisational risk register, and to advise as to any further action required in relation to the UHL risk management agenda.

Report prepared by Head of Risk & Assurance, 29/04/2021.

Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

UHL Board Assurance Framework

Strategic Objective: Quality & Supporting Priorities - Becoming the Best - Delivering caring at its best to every patient, every time	PR No.	Risk Title	Risk Event	Executive Lead Owner	Decision Boards /Monitoring Forums		BAF Current Rating: (L x I)	Target Rating - March 2020/21 (L x I)	Target appetite - beyond 2020/21 (L x I)	AC Deep Dive Assurance
	1	Clinical quality and patient safety	Failure to deliver agreed quality and clinical outcomes and high standards of patient care	MD/CN	EQB	QOC	4 x 5 = 20	4 x 5 = 20	2 x 5 = 10	TBC
	2	Operational Performance	Failure to meet constitutional performance targets	ACOO	EFPB	QOC / PPPC	5 x 4 = 20	5 x 4 = 20	3 x 4 = 12	05/03/21 (2020/21)
	3	Workforce sustainability	Failure to provide adequate staffing capacity, skill mix and diversity	CPO	EPCB	PPPC	5 x 4 = 20	5 x 4 = 20	3 x 4 = 12	24/01/20 (2019/20)
	4	Financial sustainability	Failure to achieve and maintain financial sustainability.	ACFO	EFPB / FRB	FIC	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	06/09/19 (2019/20)
	5	IT (e-Hospital programme, and maintaining/ improving existing critical infrastructure)	Failure to provide optimised and reliable digital services, realise projected savings and transformational change	CIO	EIM&T	QOC / PPPC	4 x 4 = 16	4 x 4 = 16	3 x 4 = 12	06/03/20 (2019/20)
	6	Estates - critical infrastructure	Failure of the Trust's critical infrastructure	DEF	ESB	QOC	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	08/11/19 (2019/20)
	7	Estates: reconfiguration - new estate	Failure to create and sustain an estate fit for the future	DEF	ESB / ERB	TB	4 x 4 = 16	4 x 4 = 16	3 x 4 = 12	TBC
	8	COVID 19 – recover and restoration / renewal	Rapid operational instability	DSC	ESB	TB	4 x 5 = 20	4 x 5 = 20	3 x 4 = 12	TBC

Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

PR Ref:	PR 1	PR Title:	Clinical quality and patient safety									Last Updated:	08/04/21
Executive lead(s):	Medical Director & Chief Nurse	Lead Executive Board:	EQB			Lead TB sub-committee:	QOC		Strategic Objective	Quality Priorities			
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)	
Current rating (L x I)	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	3 x 5 = 15	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	
Target rating (L x I)			3 x 5 = 15			3 x 5 = 15			3 x 5 = 15			4 x 5 = 20	
Rationale for score:	Actions planned and taken during Covid-19 may result in incidents that threaten the health and/or safety of patients and lead to avoidable harm. As we begin to recover the services that were suspended at the height of the pandemic, the Trust will continue to work hard to minimise the risk of harm to our patients, however it must be recognised there may be detrimental effects on patient's health.					Risk rating tracker:					Target rating Beyond 2020/21 (L x I)	2 x 5 = 10	
PR Description	Inability to address the drivers to deliver effective clinical quality and patient safety, may result in failure to deliver high standards of patient care												
Cause(s): Drivers	<ul style="list-style-type: none"> Action to respond to and plan for the Covid-19 pandemic, including taking down / restoring elective activity, outpatients and follow-up, as well as national drivers to increase capacity in our ITUs. An outbreak of infectious disease (such as pandemic) that forces closure to one or more areas of the hospital and/or causes avoidable serious harm or death to service users. 					PR event: <i>If we are unable to address the PR drivers, then it may result in...</i>			Impact: <i>leading to...</i>				
						incidents that threaten the health and/or safety of patients			negative impact on patient quality and safety, clinical outcomes and patient experience; widespread reduction in the quality and effectiveness of clinical care; repeated failure to achieve constitutional standards; potential for regulatory action being taken against the Trust; service disruption; and loss of public confidence in the trust				
Drivers	Primary controls: What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)			Sources of assurance Evidence that the controls/ systems which we are placing reliance on are effective. Internal & External sources of evidence.			Gaps What (a) further action is still needed or (b) controls are not working effectively? (provide details and progress of actions)			Key current focus (and dates) Are there further controls possible in order to reduce risk exposure within tolerable range?			
Action in response to and to plan for the Covid-19 pandemic, including taking down elective activity, outpatients and follow-up, as well as national drivers	<ul style="list-style-type: none"> Annual quality priorities, along with key enabler priorities – included in the Quality Strategy (BtB), agreed by TB and monitored via the Executive Team. Clinical service structures, accountability & quality governance arrangements at corporate, CMG & specialty levels. Trust wide risk monitoring and governance structure in place including for: risk register, CAS broadcasts, Incident reporting, Complaints, Claims & Inquests, GP concerns, clinical audit and other patient feedback. 			Internal <ul style="list-style-type: none"> Ward assessment & accreditation audits. Monthly Care Review & Learn CMG meetings focussing on the Harm Free Care priorities of Falls and HAPU. Monthly nursing and midwifery sensitive indicators – audit and dashboard review. 			<ul style="list-style-type: none"> Lack of audit of improvement from actions taken to address incidents, risks, alerts, complaints. Some clinical policies and procedures have elapsed review dates. Assessment & accreditation not fully rolled out. Gaps in resource to support 			<ul style="list-style-type: none"> External (PWC and CCG) audit review of five steps to safer surgery compliance. Policy and Guideline process efficiency review ongoing. Continue roll-out for A&A (including specialties other than inpatient general wards). Themed analysis report to be produced. Standard Operating Procedure to be approved. Safer Surgery assessment and accreditation 			

Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

<p>to increase capacity in our ITUs leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction.</p>	<ul style="list-style-type: none"> • Staff training programmes (induction, statutory & mandatory and non-mandatory) – recorded on HELM and monitored via Executive Team. • Maintenance of defined safe staffing levels on wards & departments – nursing and medical monitored on a daily basis. • Policies and procedures and guidelines including NatSSIPs/ LocSSIPs – process for policy approval and docs stored on Policy and Guideline Library. • Senior leadership walkabout programme. • QI safety initiatives embedded in clinical settings – e.g. stop the line. • Patient Safety Portal – available on onsite and accessible to all staff. • Dedicated Quality & Safety and 'time2train' sessions quarterly. • Appointment of a QI nurse to embed the LocSSIP Quality Assurance framework for invasive procedures. • Bi monthly Quality and Performance nursing and midwifery meeting – Reporting to Nursing and Midwifery Board bi monthly. • Monthly 1:1 Head of Nursing meeting with Deputy Chief Nurse to include all elements of harm free care, patient satisfaction and 15 step/walkabout methodologies. • Quarterly meeting with Chief Nurse, Medical Director, Director of Quality Governance, Head of Risk, Head of Patient Safety and Head of Quality Assurance to review and triangulate patient safety/risk themes. • Quality Impact Assessment process for investments and CIPs. • Mutual aid support processes. • Surgical prioritisation process. • Waiting list risk stratification. • Command and Control arrangements to manage COVID-19 (including Strategic and Operational functions). 	<ul style="list-style-type: none"> • Quarterly harms review to monitor compliance with incident theme boards (i.e. falls, safer surgery, VTE, diabetes, deteriorating patient) to detect and monitor harms. • CMG PRMs monitor Quality performance and provide 2-way communication forum. • Revised Q&P report facilitates identification of incident / harm themes / trends. • Review and refresh of monthly nursing and midwifery sensitive indicators in line with national guidance and evidence based best practice via the Matrons forum. • Bi-monthly Pressure Ulcer Steering Group with improvement plan, audit schedule and forward plan. • Bi-monthly nursing and midwifery Harm Free Care reports by CMG to the NMQEB. • National Patient experience award winner - 2020. • Response to Ockenden Report to EQB. <p>External</p> <ul style="list-style-type: none"> • CQC inspection reports. • PwC safety audits. • CCG quality visits. • GIRFT reviews. • HSIB reviews for Maternity Services. 	<p>the Quality Strategy priorities.</p> <ul style="list-style-type: none"> • Backlogs in outpatients and clinics due to restricted attendance to comply with COVID-19 requirements. • Quality Governance and Assured Services process isn't fully established. • Outcomes and findings from external assurance reviews which have been on hold during Covid-19. • Established risk appetite framework under review. • Internal review of Maternity Governance processes. • Pause of some control measures and specialties taken down to support ITUs during Covid-19. 	<p>process being developed as part of the Safe Surgery and Procedures Quality priority work stream.</p> <ul style="list-style-type: none"> • Review and implement GIRFT actions. • Cancer harms review process for emerging Covid-related delays / harms. • Commencement of Pressure Ulcer QI collaborative. • Linking nursing and midwifery assessments completed on NerveCentre directly through to the indicators dashboard. • Harms review process for Covid-related delays / harms. • Development of a QIA process for CIP / Investment and QI. • Development of a Quality Governance Assured Services process. • Corporate risk team working with Internal auditors (2020/21 and 2021/22 programme) to identify Key Risk Indicators as part of the risk appetite work programme. • Maternity Governance review commissioned by Chief Nurse will review corporate, CMG and Team governance processes. • Follow national guidance to manage high-risk category patients and to manage and restart services as soon as possible during Covid-19.
<p>An outbreak of infectious disease (such as pandemic) that forces closure / significant disruption to one</p>	<ul style="list-style-type: none"> • Chief Nurse identified as DIPaC. • IP service provided Trust wide by the IPC Team incl Lead IP Nurse and IP Doctor. • Infection Prevention policy. • Infection Prevention procedures, including: <ul style="list-style-type: none"> ○ Management of infected linen. ○ Provision of food to quarantined patients 	<p>Internal:</p> <ul style="list-style-type: none"> • Infection Prevention Team providing expert and professional advice to the DIPaC (CN) and Executive Team. • Extraordinary TIPAC meeting (Covid-19: 6th May with outline 	<ul style="list-style-type: none"> • Ability and infrastructure to be able to provide acute care to patients in the right place at the right time. • Ability to social distance in some outpatient/ waiting areas / triage areas. 	<ul style="list-style-type: none"> • Three phase governance review of IP arrangements undertaken to ensure best practice and recommendations being worked on. • A mask fit test Task and Finish group has been convened to oversee the systems and processes required to manage existing stock

Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

<p>or more service(s) in the hospital.</p>	<ul style="list-style-type: none"> • Staff training including mandatory e-learning and fit testing. • Environmental cleaning Procedures / Standards in all areas • Decontamination standards • Designated side rooms & cohorting areas identified for suspected patients. • Restricted access to wards, units and departments by staff and visitors. • Measures to support social distancing in public areas. • PPE guidance & regular communication in place in line with PHE recommendations. • PPE safety champions implemented. • Covid-19 Outbreak RCA process. • IP Masterclass delivered for all Heads of Nursing and IPN's. • Covid-19 vaccination hubs established at LGH, LRI and GH to vaccinate staff, patients and others (public, contractors etc). 	<p>guidance/SOP circulated to CMGs).</p> <ul style="list-style-type: none"> • In receipt of national guidance re Covid-19 swabbing of patients, which the Microbiology team and ICD advise CMGs and the Demand and Capacity Group. • Vaccination hubs risk assessments completed and endorsed by EFPB. • National Board Assurance Framework completed and reviewed by EQB and QOC, as well as submitted to CQC as part of Emergency Framework Review. <p>External</p> <ul style="list-style-type: none"> • CQC Infection control Board Assurance Framework. • LLR SLT providing a co-ordinated response to threats. 	<ul style="list-style-type: none"> • Inconsistent supply of preferred FFP3 masks to UHL (and to other Healthcare organisations in UK). • Trust uses BD infusion sets and connectors and following NatPSa/2021/001/MHRA, there is a risk supply disruption may result in delays in treatment and an infection prevention incident that threatens the safety of patients. 	<p>of preferred choice, to assess alternative FFP3 mask(s) and carry out fit-mask testing to relevant staff in UHL.</p> <ul style="list-style-type: none"> • Task and Finish group established to manage risks with use of BD connectors and sets (NatPSA/2021/001/MHRA – closed on CAS system 31/03/2021), led by Deputy Medical Director and ongoing monitoring of stock, alternative devices, training requirements etc through Tactical and Strategic cells. • 2nd IP Masterclass (to implement findings from the governance review) scheduled for April 2021.
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Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

PR Ref:	PR 2	PR Title:	Operational Performance									Last Updated:	22/04/2021
Executive lead(s):	Acting Chief Operating Officer		Lead Executive Board:	EFPB			Lead TB sub-committee:	PPPC / QOC		Strategic Objective	Quality Priorities		
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)	
Current rating (L x I)	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	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:	It is still rated as more likely to happen than not, especially following the COVID-19 pandemic. We ensure there is clinical involvement risk assessing patients to try to ensure the impact does not increase further. Urgent and Cancer are prioritised over long waiters using the national framework.					Risk rating tracker:	<p>The chart displays two data series over a 12-month period from April to March. The Y-axis represents the rating, ranging from 0 to 25. The 'Current' rating is represented by a solid blue line, which remains constant at a value of 20 throughout the entire period. The 'Q4 Target' is represented by a dashed red line, which also remains constant at a value of 20. A legend in the bottom right corner identifies the lines: a solid blue line for 'Current' and a dashed red line for 'Q4 Target'.</p>				Target rating Beyond 2020/21 (L x I)	3 x 4 = 12	
PR Description	Inability to address the drivers to deliver the key operational performance standards, may result in failure to deliver trajectories for emergency, planned and cancer care												
Cause(s): Drivers	<ul style="list-style-type: none"> Emergency care: Growth in demand for care caused by an ageing population; reduced social care funding; increased acuity leading to more admissions & longer length of stay; operational system failure (including GP ability to cope with demand). Also the requirement to cohort patients by COVID creates a risk on emergency care flow. Planned Care: Emergency pressures for inpatient beds resulting in fewer elective operations than planned. Through the new process required within the theatre setting this has impacted heavily on the throughput of patients. There are a significant number of patients already breached 52 weeks and this will increase the risk of further patients breaching the 52 weeks each month. Cancer Care: Diagnostic and Theatre capacity pressures through the reduction in throughput of patients through clinics and theatres. Also the available access to high dependency beds. 					PR event: <i>If we are unable to address the PR drivers, then it may result in...</i>			Impact: <i>leading to...</i>				
	failure to meet constitutional performance targets (for emergency standard - 4 hour access and planned care standards - avoiding patients waiting in excess of 52 weeks for their planned treatment and maintaining performance against access standards for patients with cancer, with delivery of the 62 day standard)					negative impact on patient safety, outcomes and experience; widespread reduction in the quality and effectiveness of clinical care; repeated failure to achieve constitutional standards; loss of public confidence in the trust; financial penalties; and regulatory action							
Drivers	Primary controls: What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)			Sources of assurance Evidence that the controls/ systems which we are placing reliance on are effective. Internal & External sources of evidence.			Gaps What (a) further action is still needed or (b) controls are not working effectively? (provide details and progress of actions)			Key current focus (and dates) Are there further controls possible in order to reduce risk exposure within tolerable range?			
<ul style="list-style-type: none"> Emergency Care: Growth in demand for care caused by an ageing population; reduced social 	<ul style="list-style-type: none"> Implementation of a Discharge Hub. With a philosophy of discharge within 24 hours of medically fit for discharge. Maximise the use of SDEC. Timely booking of transport to avoid delay to patient discharge. Identification of next day discharges to 			Internal: <ul style="list-style-type: none"> ED patients waiting time report. Bed occupancy report. UHL Capacity Reports. Daily medically fit for discharge numbers. Daily medically fit for discharge 			<ul style="list-style-type: none"> Capacity gap for patients to be discharged within 24 hours of becoming medically fit especially for county patients. Ability to discharge patients to community 			<ul style="list-style-type: none"> Utilisation of available community beds – support earlier identification and handover of patients on the day prior to discharge to support better discharge planning. Maximise the use of the discharge hub. Review of discharge hub and pathways is currently being undertaken. The onset of COVID-19 pandemic has resulted a change 			

Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

<p>care funding; increased acuity leading to more admissions & longer length of stay; operational system failure (including GP ability to cope with demand) Also the requirement to cohort patients by COVID create a risk on emergency care flow.</p>	<p>support early flow.</p> <ul style="list-style-type: none"> Operational command meeting with OPEL triggers appropriate to each level. Admission prevention & avoidance projects owned by LLR Alert to system partners to ensure action is triggered prior to the 10.30am call Increase utilisation of discharge lounge Early initiation of TTO's from ward areas Emergency Department separated into two, with covid/non-covid space Frailty consultants on the phone for calls from EMAS and GPs for patients in care/residential homes to avoid admission where possible Maximise Use of GPAU/SDEC pathways Simplified pathway changes in Maximise Use of GPAU/SDEC pathways 	<p>complex patient list.</p> <ul style="list-style-type: none"> Stranded and super-stranded patient data. Daily intelligence report for all ED areas. 	<p>beds and care homes due to waiting for COVID-19 swabs.</p> <ul style="list-style-type: none"> Bed capacity modelling identifies a shortfall in medicine beds – medicine using other wards due to COVID-19 patient's streams. Rapid flow cannot occur due to COVID-19 nor can waiting rooms become crowded. Patients cannot wait on the back of ambulances. Medical workforce to cover 2 emergency departments and assessment areas. 	<p>of business continuity plans in order to ensure emergency bed capacity is available for the forecasted increase in cases.</p> <ul style="list-style-type: none"> Implementation of Think 111 across LLR. ED GP at front door of adult department (10.00-18.00), reviewing and discharging primary care patients (recommendation from Missed Opportunities audit). Introduction of GAP score for all medical patients, to stream directly to medical ambulatory units both from within ED, GPs (via Bed Bureau) and EMAS via ambulance sieve (February 2021)
<ul style="list-style-type: none"> Planned care: Emergency pressures for inpatient beds resulting in fewer elective operations than planned. Through the new process required within the theatre setting this has impacted heavily on the throughput of patients. There are a significant number of patients already breached 52 weeks and this will increase the risk of further patients breaching the 52 	<ul style="list-style-type: none"> Trust Access Policy. NHS Constitution. Demand and capacity modelling. Bi-weekly calls with NHSE/I. Weekly RTT submission. 	<p>Internal:</p> <ul style="list-style-type: none"> Weekly Access Meeting. Monthly system Activity Triangulation meeting. Performance Review Meeting. Long Waiters Report. Bi-weekly 40+ week report. Weekly PTL Review meeting 	<ul style="list-style-type: none"> LLR FOT significantly over financial plan. System partners looking to further reduce spend including further flexing outwards of waiting times and waiting list size. Emergency pressures for inpatient beds resulting in fewer elective operations than planned, Creating increase in number of patients that are at risk of breaching 52 weeks each month. COVID-19 National mandate to stop all non-urgent and cancer routine elective work. Has caused a significant amount of 52+ week breaches. Throughput in theatre 	<ul style="list-style-type: none"> Demand management plans including RSS supporting to bridge capacity gap. Waiting list is currently 87968. This is now being managed through the weekly access meeting with each speciality. AIC agreed for planned for remainder of 2020/21. COVID-19 has impacted with cancellation of non-essential face to face activity and conversation to virtual/telephone appointments. 12625 x 52 week breaches at the end of February. Trust is currently following national guidance to convert outpatients to non-face to face where possible as a result of COVID-19. National guidance has stopped the transactional management of 52 week breaches. Reduction in theatre sessions due to Wave 3. Utilisation program being developed with support of Kingsgate to improve flow through theatres. Planning commenced for 2021/22 to include resources required for elective recovery. Elective theatre recovery planned developed.

Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

<p>weeks each month.</p>			<p>sessions reduced, leads to a reduced amount of patients that can be treated within the current capacity.</p> <ul style="list-style-type: none"> • Ability to social distance in some Outpatients clinics and waiting areas / triage areas. 	
<ul style="list-style-type: none"> • Cancer Care: Increased cancer backlogs as a result of COVID and decreased activity during the peak of the pandemic and decreased activity post the pandemic peak due to PPE and social distancing and patients choosing not to attend. 	<ul style="list-style-type: none"> • Trust Access Policy. • NHS Constitution. • Daily calls with NHSE/I and UHL to manage the backlog. • COVID demand and capacity and tactical meetings. 	<p>Internal:</p> <ul style="list-style-type: none"> • Cancer Action Board. • CMG Performance Review Meetings (internal). • Escalation Meetings (internal). • UHL Cancer Board Meeting (internal). • System Cancer Pathway and Performance Board (internal). • Daily Cancer PTL report (internal). • Weekly backlog update report (internal). • Daily Tumour site TCI report (internal). • PWC internal audit Data Quality review – 62 day cancer target (external). • SOP for the assessment of potential harm to cancer patients where the treatment pathway/plan has deviated from nationally agreed clinical guidelines as a result of COVID-19 ratified by the MDTs. 	<ul style="list-style-type: none"> • Increased 2ww referrals with capacity not back to pre COVID levels. • Decreased surgical capacity. • Decreased diagnostic capacity. 	<ul style="list-style-type: none"> • Restart of cancer diagnostics e.g. endoscopy. • Increased theatre utilisation for cancer. • Continued use of IS re utilisation of their capacity to support cancer delivery Increased patient support during challenged period. • Daily 104 day chase from DOI to ensure patients are being seen as quickly as possible. • All surgical pts are being priority scored. • Use of the IS for as much activity as possible.

Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

PR Ref:	PR 3	PR Title:	Workforce sustainability									Last Updated:	16/04/2021
Executive lead(s):	Chief People Officer		Lead Executive Board:	EPCB		Lead TB sub-committee:	PPPC		Strategic Objective	People Strategy			
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)	
Current rating (L x I)	5 x 4 = 20	5 x 4 = 20	5 x 4 = 20	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:	Given the current staffing capacity issues during Covid-19					Risk rating tracker:	<p>The chart displays two data series over a 12-month period from April to March. The Y-axis represents the rating, ranging from 0 to 25. The 'Current' rating (solid blue line) is constant at 20. The 'Q4 Target' (dashed red line) is also constant at 20. The X-axis labels are Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar.</p>				Target rating Beyond 2020/21 (L x I)	3 x 4 = 12	
PR Description	Inability to address the drivers to deliver the People Strategy may result in failure to provide adequate staffing capacity, skill mix and diversity												
Cause(s): Drivers						PR event: If we are unable to address the PR drivers, then it may result in...	Impact: leading to...						
	<ul style="list-style-type: none"> Failure to recruit Failure to develop. Failure to retain. 					failure to provide adequate staffing capacity, skill mix and diversity to meet the needs of the current and future patient base	prolonged, widespread reduction in the quality and effectiveness of clinical care; repeated failure to achieve constitutional standards; loss of public confidence in the trust; and financial unsustainability of some services						
Drivers	Primary controls: What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)			Sources of assurance Evidence that the controls/ systems which we are placing reliance on are effective. Internal & External sources of evidence.			Gaps What (a) further action is still needed or (b) controls are not working effectively? (provide details and progress of actions)			Key current focus (and dates) Are there further controls possible in order to reduce risk exposure within tolerable range?			
Failure to recruit	<ul style="list-style-type: none"> People strategy in place covering talent identification, staff engagement and workforce planning - available on Insite, ratified by TB – Reporting to EPCB and PPPC. Nursing and Midwifery WF plan (appendix of People Strategy) aligned to NHS interim People Plan – defined 12 month deliverables. Medical WF plan (appendix of People Strategy) aligned to NHS interim People Plan – defined 12 month deliverables. People management policies, processes and professional support tools – available on Insite (including Recruitment and Selection Policy and Procedure) – process to review and update policies as 			Internal: <ul style="list-style-type: none"> Validation of CMG WF risks monitored monthly via PRMs. Monthly Workforce Data Set. External: <ul style="list-style-type: none"> PWC audit scheduled in Q4 19/20 – outcomes expected. 			<ul style="list-style-type: none"> Significant vacancy areas remain - e.g. Lack of skilled nursing workforce. Developed WF plans for other staff groups e.g. AHP's, A&C staff. Lack of nationally defined and agreed benchmarks. System & UHL capacity for WF planning. Management of Workforce pressures across the system i.e. PCN's. 			<ul style="list-style-type: none"> Scoping Trust attraction and retention approach to align activities for maximum effect, incorporating EDI across the system and more increasing diverse supply routes (e.g. STEM and Health Ambassadors). WF plan submission in line with national planning guidance - in progress to incorporate reconfiguration and system planning by 6th May submission date. Rebranding recruitment campaigns following successful £450m monies – initial review complete – forms part of people promise deliverables. WF Reporting - joined up approaches being reviewed as part of system and corporate priorities. Confirming system & organisational capacity for delivery of the core offer/ people promise. Budget signoff Dec - 			

Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

	<p>appropriate.</p> <ul style="list-style-type: none"> • Vacancy management and recruitment / retention process (TRAC system) – Time to Hire KPI in place, Apprenticeships, Graduate scheme monitoring reported monthly as part of monthly WF data set. • Recruitment & overseas recruitment campaigns as part of corporate and CMG Workforce plans. • LLR System People Plan established and aligned to NHS People Plan and LLR System Expectations. 		<ul style="list-style-type: none"> • Within UHL - Fully joined up and integrated reporting/ IT systems across Finance, Workforce (ESR) and E rostering in regard to WF numbers. 	<p>aligned capacity/ MOC to ensure support structures in place / additional capacity aligned to support move of temp staffing wef April 21.</p> <ul style="list-style-type: none"> • Scoping impact of restoration and recovery plans which may lead to further gap in workforce supply. Surge plans in development /challenge which continues. • Strong focus on healthcare worker support as part of priority planning/ next steps. • Re-initiated regional talent management activity with key focus on inclusivity and widening participation. • WF supply / redeployment cell in place and co-ordination through professional leads for planning and deployment activity.
Failure to develop	<ul style="list-style-type: none"> • 5 year People strategy in place covering talent identification, staff engagement - available on Insite, ratified by TB – Reporting to EPCB & PPPC. • Becoming the Best – Revised quality improvement approach currently being linked with efficiency and being redesigned for implementation with effect from July to provide a much more integrated and joined up programme. • Nursing and Midwifery WF plan (appendix of People Strategy) aligned to NHS interim People Plan – defined 12 month deliverables. • Medical WF plan (appendix of People Strategy) aligned to NHS interim People Plan – defined 12 month deliverables. • People management & wellbeing strategies, policies, processes and professional support tools to support talent management and people capability development. 	<ul style="list-style-type: none"> • Core skills development including Statutory and Mandatory training – regular reporting as part of CMG PRMs and EPCB. • All staff COVID Risk assessment process – 96% of all staff with risk assessments completed (Oct 2020). • 	<ul style="list-style-type: none"> • Capacity gap for delivery of People Strategy and capacity gap at system level identified. 	<ul style="list-style-type: none"> • Refresh the mid leadership development programme to reflect the agreed 10 system expectations and compassionate leadership. Further work underway in strengthening ‘looking after our finances’ elements. Update to be provided to EPCB at Feb meeting - complete and Implementation plan currently being drafted. • Review of people policies and practice to support People plan delivery - incorporated into review of work programme 20/21. – Prioritisation in progress Start/Stop/continue to manage deliverables in light of COVID 2nd wave – Planning for 21/22 refresh. • Agreement of LLR EDI System Programme of work for next 12 months - new priority to set up system wide BAME Voice Gripe Tool. Project Team established to take this forward working in partnership with EDI Team within the LLR Commissioning Support Unit. Agreement reached that this tool will be accessed through the LLR Academy website. • LLR Leading on developing an Active Bystander Development Programme in partnership with NHSI/E Civility and Respect Team. Draft framework and implementation plan to be presented to EPCB in February – complete and work underway in planning system engagement workshops. Sessions to take place in May 2021
Failure to retain	<ul style="list-style-type: none"> • People Strategy – Becoming the Best – defined measures reporting to EPCB and PPPC. • Nursing and Midwifery WF plan (appendix of People Strategy) aligned to NHS interim People Plan – defined 12 month deliverables. • Medical WF plan (appendix of People Strategy) 	<ul style="list-style-type: none"> • Equality and Diversity Board and integrated action plan. • Employee Health & Wellbeing Steering Group and Action Plan. 	<ul style="list-style-type: none"> • Developed WF plans for other staff groups e.g. AHP’s, A&C, E&F staff. • Difficulties releasing clinical staff from duties to attend training / 	<ul style="list-style-type: none"> • Development of staff group specific WF plans. Refreshed required subject to national people plan publication. • HWB Strategy and work programme agreed for 20/21 – comms in place strategy to support. On-going - Refresh in progress for COVID recovery. New Health and Wellbeing winter plan agreed and being implemented - Complete

Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

	<p>aligned to NHS interim People Plan – defined 12 month deliverables.</p> <ul style="list-style-type: none"> • Health and Well Being Winter Plan. • Agile work stream established. • EDI strategic plan and WRES/WDES delivery plans incorporating gender pay gap plan. 	<ul style="list-style-type: none"> • Flexible working task and finish group established. • Flexible working and support for agile working being developed as part of recovering and restoration. 	<p>development.</p> <ul style="list-style-type: none"> • To add new indicators e.g. Learning Disability Employment programme and Sexual Orientation monitoring standard. 	<ul style="list-style-type: none"> • Scoping of system wide mental HWB HUB to provide additional support complete – complete and launched on 3 February. LLR Hub Board established and agreement on implementation projects and resource requirement. Leadership and management engagement event on 5 March. Further event on the 15 April • Exploring approaches to strengthen UHL networks and the Trust Board – in progress. Work underway to develop new LGBTQ+ Network – first meeting in Jan 2021. LGBTQ+ Rainbow badge campaign early adoption in Peads and ED with 170 staff pledges made. • Undertaking a gap analysis of representation across UHL governance structures - to form part of governance review. Now taken forward as part of Inclusive Decision Making Framework programme of work. Reconfiguration Programme Case study drafted and communicated across senior teams. Implementation commenced with system design teams • Strengthening approaches to flexible working and enabling an agile workforce. Agile work stream established – meeting as part of enabling services project board/ Reconfiguration. Stake holder group to commence for wider Trust roll-out in May 21 • Staff testing for symptomatic staff scaling up due to increasing demands – in place. Staff asymptomatic testing – lateral flow testing roll-out for all staff who request it is in place. • Review scope to retain staff brought back during pandemic – part surge planning going forward. • Set up of COVID 2nd wave supply cell to provide oversight to processes supporting supply/demand. To move to BAU • Roll out of COVID vaccine – through Hospital HUB(s) model commenced 12th Dec 20 – increasing capacity across all 3 HUB sites – approx. 77% (83% substantive) have received first dose. Plans in place to target non-take up of vaccine. System wide Equality Impact Analysis completed Work to scope health inequalities collaboration and system governance being established.
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Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

PR Ref:	PR 4	PR Title:	Financial sustainability									Last Updated:	26/04/21																																						
Executive lead(s):	Chief Financial Officer			Lead Executive Board:	EFPB / FRB			Lead TB sub-committee:	FIC		Strategic Objective	Well governed finances																																							
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)																																							
Current rating (L x I)	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	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 5 = 20																																							
Rationale for score:	<p>Due to Covid-19 the Trust's monthly income and deficit was fully funded via national Top Up funding from April 2020 to September 2020. The Trust submitted a planned deficit to NHSE&I from October 2020 to March 2021 of £30.1m, whilst delivering restoration and recovery of elective activity and the Trust's winter plan, and is reporting a year end surplus of £16.4m, which is subject to change due to the ongoing review of the 2019/20 annual accounts. The significant improvement in financial position reflects the impact of Covid-19 on elective activity. The enhanced PMO structure and external support to deliver efficiencies has driven the delivery of an £8m cost improvement programme from October 2020 to March 2021, and the investment controls (capital and revenue) and oversight by the Financial Recovery Board (FRB) is ensuring that cost pressures are controlled. Performance against the financial plan is being monitored and reported to FIG, FRB, EFPB, FIC and TB. A reduction in the risk score will reflect the delivery of improved financial controls and governance, and delivery of operational and long term financial plan trajectories. The continued high risk rating reflects the need for the Trust to confirm strategic plans with System Partners to continue to improve patient care, whilst delivering financial recovery.</p>					Risk rating tracker:	<table border="1"> <caption>Risk Rating Tracker Data</caption> <thead> <tr> <th>Month</th> <th>Current Rating</th> <th>Q4 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 Rating	Q4 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	Target rating Beyond 2020/21 (L x I)	4 x 5 = 20
Month	Current Rating	Q4 Target																																																	
Apr	20	20																																																	
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PR Description	Inability to address the drivers risking delivery of the agreed 2020/21 required operational and financial plan trajectories may result in a failure to achieve and maintain financial sustainability.																																																		
Cause(s): Drivers						PR event: If we are unable to address the PR drivers, then it may result in...	Impact: leading to...																																												
<ul style="list-style-type: none"> Failure to deliver the agreed Trust Control Totals. At the highest level this will be through a failure to maintain revenue and capital expenditure within the agreed Control Totals and/or receive the planned income from commissioners and other external sources. There could be a number of reasons for this: <ul style="list-style-type: none"> Failure of CMGs and Directorates to deliver their approved budgets via inability to deliver Covid-19 restoration and recovery plans within available resource, and non-delivery of workforce and operational efficiency and savings plans, resulting in unplanned use of premium costs to deliver patient activity. Failure to make necessary improvements required to Trust financial controls and governance, via training and development of the Board on NHS financial management, and lack of adherence to Trust policies and strengthened financial controls. Failure to deliver the Trust's capital programme within the approved expenditure limits (CDEL). System imbalance and commissioner affordability. 					failure to achieve and maintain financial sustainability.					Prolonged, widespread reduction in the quality and effectiveness of clinical care, repeated failure to achieve constitutional standards, deteriorating condition of clinical estate and growth in the burden of backlog maintenance and medical equipment replacement, and loss of public confidence in the Trust.																																									

Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

Current Likelihood of PR event occurring caused by the drivers described (after controls in place)			Current Impact after controls		
4			5		
Target Likelihood rating of PR event occurring caused by the drivers described			Target Impact after actions		
4			5		
Drivers	Primary controls: What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Sources of assurance Evidence that the controls/ systems which we are placing reliance on are effective. Internal & External sources of evidence.	Gaps What (a) further action is still needed or (b) controls are not working effectively? (provide details and progress of actions)	key current focus (and dates) Are there further controls possible in order to reduce risk exposure within tolerable range?	
Failure of CMGs and Directorates to deliver their approved budgets - Non-delivery of, CMG, Corporate Directorate Control Totals and overall Trust financial plan.	<ul style="list-style-type: none"> Annual and long-term financial model describing a statement of income and expenditure, a statement of long and short term assets and liabilities (including capital expenditure) and a statement of cash flow. Signed-off interim April to September 2020 Control Totals for CMGs and Corporate Directorates that are monitored and managed within the Financial Performance Management Framework. Finalisation and approval of the Trust's workforce and operational plans and final 2020/21 CMG and Corporate Control Totals signed off by 31st October 2021. Approval of 2020/21 savings plan by 20th October 2020. CIP tracker which logs and reports CIP schemes at a departmental and work stream level. Transformation Leads within the CMGs to lead delivery of local schemes and an enhanced PMO to oversee and report on progress. Quality Impact Assessment (QIA) gateway process for investments and cost savings/CIPs – i.e. assessing the potential impact of investments and efficiencies on patient safety/ demand/capacity challenges. This process is overseen by the COO, Medical Director, Chief Nurse & ICFO. Strengthened financial controls and governance as approved through the FRB, in line with national and Trust guidance. External support procured and appointed re 	<ul style="list-style-type: none"> FRB chaired by Acting CEO - providing increased scrutiny and corporate oversight including strengthening "Grip and Control" measures. Financial governance and performance monitoring arrangements at Trust Board (TB), Finance & Investment Committee (FIC), Audit Committee, Executive Meetings (EPB), CMG PRMs, Directorate and CMG service line reviews. Monthly reporting of savings to FRB, EPB and FIC, incorporating progress on key actions and savings delivered. Cost pressures and service developments minimised and managed through the FRB. NHSE&I performance review meetings including I&E submissions and additional monthly review meetings with NHSE&I Finance Team to review financial position including CIP and assessment of financial risks. Delivery of the Internal Audit Plan reported to Audit Committee. 	<ul style="list-style-type: none"> Development and support of the Finance and Procurement function to ensure effective financial control and oversight of the improvements outlined. Initial work has commenced via a development and training programme (see further controls). Further actions to address resource gaps within the central Finance function are also in progress. Reporting of service Line financial performance and patient level costs to FRB, EPB and FIC (initially on a quarterly basis, and then monthly) from May 2021 	<ul style="list-style-type: none"> Development and support of the Finance and Procurement function: It is proposed that the initial development programme already outlined is followed up with a comprehensive and ongoing programme of support and improvement for the Finance and Procurement function. The aim should be to progressively improve the effectiveness of the function and this will be demonstrated accreditation against the NHS Future Focused Finance Programme by March 2022. Securing accreditation will provide additional assurance that the improvements being made are sustainable and ultimately considered best practice nationally within the NHS. Strengthening of the Finance and Procurement function by 31st March 2021. Permanent appointments have been made, Deputy Director (Financial Services) commenced in January 2021, and Deputy Director (Financial Management) appointed and commences in April 2021. Additional interim resources secured, as agreed with NHSE&I within the Financial Improvement Plan, and reported to FRB and FIC. Restructuring of the Finance Department, to go live from January 2022. Strengthening financial performance management from June 2020, via the CMG Performance Review meetings, with focus on financial performance consistent to that of operational and quality performance. 	

Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

	<p>CIP, with contract extension approved to support identification and delivery of 2021/22 CIPs.</p>			<ul style="list-style-type: none"> • Updated Finance Section of the PRM pack, to enhance financial reporting, and ensure robust understanding of financial impact of winter, restoration and recovery, Covid-19 and CIP. Go live from month 7. • Introduction of Corporate Directorate and Estates and Facilities PRM meetings from April 2021. • Enhanced Financial Performance Report to FRB, FIC and TB from month 9. • Training and development programme on financial management for budget holders and other staff, commencing March 2021. • Trust 2020/21 forecast, reported to Trust Board on 7th January 2021, and revised forecast approved by FRB on 20th January 2021 and by the Chairman for submission to NHSE&I on 26th January 2021. Approval of revised 2020/21 forecast at Trust Board on 1st April 2021. • Development of Q1 2021/22 CMG and Directorate budgets, for approval at Trust Board on 1st April 2021. Approval of the 2021/22 Q1 Trust I&E Plan will be at the Trust Board on 6th May 2021, following receipt of national planning guidance and income allocations.
<p>Failure to make improvements required to Financial controls and governance.</p>	<ul style="list-style-type: none"> • Action plan to strengthen financial governance overseen by FID via FIG, reported to FRB and FIC, (incorporating recommendations from the NHSE&I investigation), approved by FRB. • Redesign and strengthening of Financial Management Meeting to Financial Recovery Board (FRB) • Trust Standing Financial Instructions (SFI's), Standing Orders (SO's) and Scheme of Delegation (SoD). • Board training and development programme on NHS financial management. 	<ul style="list-style-type: none"> • Delivery of the Internal Audit Plan reported to Audit Committee. • NHSE&I Use of Resources Assessment. • Ongoing reporting of financial controls and governance action plan to FIG, FRB, EPB, FIC and TB. 	<ul style="list-style-type: none"> • NHSE&I oversight via Financial Oversight meetings. 	<ul style="list-style-type: none"> • Development of an action plan to strengthen financial controls and governance, for approval by FRB on 8th September 2020 and reported to FIC on 24th September 2020. • Linked to the above the review and amendment to the Trusts SFI's, SO's and SoD by 30th June 2021. • Enhanced journal approval policy implemented from December 2020.
<p>Failure to deliver the Trust's capital programme within the approved expenditure limits (CDEL).</p>	<ul style="list-style-type: none"> • Approval of annual capital plan by Capital Investment & Monitoring Committee (CMIC), FRB, EPB and FIC. 	<ul style="list-style-type: none"> • Monthly reporting of capital expenditure to CMIC, EPB, FIC and TB. • Review of capital expenditure by FRB. 	<ul style="list-style-type: none"> • Development of a long term Trust and LLR system capital plan, incorporating the Trust's reconfiguration plan and Estates Strategy. 	<ul style="list-style-type: none"> • FRB now has approval and oversight of the Trust's Capital Plan. • 2020/21 capital scheme expenditure forecasts reviewed and signed off by CMIC, and reported to FRB, FIC and Trust Board. • Review of capital governance and processes being undertaken, to be reported and approved

Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

				<p>by CMIC by 31st May 2021.</p> <ul style="list-style-type: none"> • Development and approval of 2021/22 capital plan by the Trust Board on 6th May 2021, following confirmation of the LLR System and Trust 2021/22 Capital Resource Limit. • Development and approval of five year capital plan by 31st August 2021.
System imbalance and Commissioner affordability.	<ul style="list-style-type: none"> • Governance structure and escalation process in place with regular reports around Contract Management Performance with CCGs and Specialised Commissioning. • Engagement with stakeholders across local health system to establish foresight and adaptive capacity in the event of practice collapse. 	<ul style="list-style-type: none"> • FRB chaired by CEO (internal). • LLR system-wide Financial Recovery Board in place in conjunction with System Sustainability Group (SSG) (external). 	<ul style="list-style-type: none"> • Development of a Trust and LLR system long term plan (operational, workforce and financial plan). 	<ul style="list-style-type: none"> • Development of a Trust and LLR System long term plan (operational, workforce, estate and financial plan/strategy) to deliver financial recovery by 31st August 2021.

Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

PR Ref:	PR 5	PR Title:	IT (e-Hospital programme, and maintaining/ improving existing critical infrastructure)									Last Updated:	26/04/2021
Executive lead(s):	Chief Information Officer		Lead Executive Board:	EIM&TB			Lead TB sub-committee:	PPPC		Strategic Objective	e-Hospital		
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)	
Current rating (L x I)	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	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	4 x 4 = 16	4 x 4 = 16	
Target rating (L x I)			4 x 4 = 16			4 x 4 = 16			4 x 4 = 16			4 x 4 = 16	
Rationale for score:	IM&T capital infrastructure and e-Hospital (EPR) programmes have progressed through the year, but with some delay as a consequence of late availability of expected external funding, impact of COVID-19 pandemic related works and the ability to enact change in front line clinical areas whilst the pandemic has been ongoing. As a consequence, our target risk score is unlikely to reduce below 16 by the end of March.					Risk rating tracker:	<p>The chart displays two data series over a 12-month period from April to March. The Y-axis represents the risk rating score, ranging from 0 to 25. The 'Current' rating (solid blue line) remains constant at 16 throughout the year. The 'Q4 Target' (dashed red line) remains constant at 12 throughout the year. The chart indicates that the current performance is consistently above the target.</p>				Target rating Beyond 2020/21 (L x I)	3 x 4 = 12	
PR Description	Inability to address the drivers to deliver the e-Hospital programme and improve existing IT infrastructure, may result in a failure to provide optimised digital services												
Cause(s): Drivers						PR event: If we are unable to address the PR drivers, then it may result in...	Impact: leading to...						
<ul style="list-style-type: none"> Lack of capital funding / investment in IT infrastructure may lead to critical failure - failure of software / hardware, cyber-attack, information security breach – loss of patient data, Big Bang or Rising Tide event - fire, flood, terrorist attack Lack of ability to change process and/or culture at sufficient pace to realise the projected benefits of the e-Hospital programme by 2022. 						failure to provide optimised and reliable digital services, realise projected savings and transformational change	widespread disruption to the continuity of core critical services; poorly coordinated care and experience for patients; reduction in the quality and effectiveness of clinical care; repeated failure to achieve constitutional standards; and adverse publicity and reputational damage						
Drivers	Primary controls: What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)		Sources of assurance Evidence that the controls/ systems which we are placing reliance on are effective. Internal & External sources of evidence.			Gaps What (a) further action is still needed or (b) controls are not working effectively? (provide details and progress of actions)		Key current focus (and dates) Are there further controls possible in order to reduce risk exposure within tolerable range?					
Critical failure caused by lack of capital funding / historic investment in IT infrastructure (failure of software / hardware, cyber-attack, information security breach – loss of patient	<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 		<ul style="list-style-type: none"> PWC Audit of EPRR & IM&T Disaster Recovery – report (external): <ul style="list-style-type: none"> EPRR: the plan contains the activities to improve compliance. Good practice around disaster recovery identified in PwC Audit - Compliance within IT data centres (May 2019). 			<ul style="list-style-type: none"> Trust wide Business Continuity Plans incomplete / variable quality and not fully tested. Critical applications not fully redundant by design – EPR is work in progress Information Asset Register (IAR) incomplete and not up to date Risks around server infrastructure dependent on execution of IM&T data centre strategy and move away from dependency on LRI Kensington 		<ul style="list-style-type: none"> EPRR Team to support development and testing of CMG Business Continuity plans - delayed due to COVID, work continues in to 21/22 (in progress, review Sept 21) With IM&T vendors, develop redundant architecture for critical applications in particular the electronic patient record (EPR) system. Infrastructure improvements delivered via EPR programme, eliminating key single points of failure. Further work in progress, review after next full upgrade - July 2021 Undertake Corporate Records Audit and completion of the Info Asset Register (IAR). Annual update complete. Information asset owner training and awareness scheduled for Q1 21/22 to further improve coverage and 					

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<p>data, Big Bang or Rising Tide event - fire, flood, terrorist attack)</p>	<p>toolkit, IG Steering Group and GDPR plan, regular penetration testing and close working relationship with IM&T managed business partner, recognised corporate risk around behaviours with actions to raise awareness via comms campaigns.</p> <ul style="list-style-type: none"> • Critical IM&T applications redundant by design utilising hybrid cloud hosting capabilities to reduce dependency on physical data centres. • IM&T Business Continuity and Disaster Recovery Plans in place and tested regularly. • Organisation wide Business Continuity Plans in development (recognised there is a gap at present because some are incomplete). • Regular IT – estates forum in place to agree responsibility for and prioritise critical remedial works 	<ul style="list-style-type: none"> • NHSE EPRR Core Standards self-assessment – partially compliant (2018/19) (external). • EPRR and IM&T infrastructure risks uploaded onto the Datix risk register (internal). • Regular independent testing and cyber security audits (internal & external). • PWC Review - Data Security and Protection (DSP) Toolkit as required by NHS Digital. • PwC internal audit of cyber security controls in place to mitigate risks arising from the Covid-19 outbreak regarding people security, incident response and remote working for staff completed Oct 2020. • NHS Digital funded support via Templar Executives for cyber security and awareness activities during 2020/21. 	<p>data centre. There is a dependency on the reconfiguration programme and ability to fund IT infrastructure changes to the level necessary.</p> <ul style="list-style-type: none"> • Small number (<100) of remaining legacy desktop items (Windows XP/7) tied to medical equipment and legacy applications • Cyber Essentials Plus equivalence not yet attained • IT outsource contract arrangements for cyber security services are outdated and require re-scoping, including the provision of expertise by UHL IM&T function. • Full Security Incident Event Management (SIEM) solution required to provide end to end ‘real time’ analysis of security alerts generated by applications and network hardware. 	<p>quality.</p> <ul style="list-style-type: none"> • Progress data centre strategy including improved redundancy via cloud hosting options. A) Priority investment in gas fire suppression systems required to protect telephony and network hub rooms. Capital funding identified via estates emergency capital plan – work scheduled for Q4 20/21 (Mar 2021) - Complete. Input into reconfiguration programme and data centre plans progressing as joint project with estates capital team. • Implement protected network infrastructure for residual legacy devices in progress, some delay to implementation due to COVID and availability of supplier. Complete, a few machines remain and are connected to the protected network (May 21). • Update and validate Information Asset Register (IAR) Annual update complete. Information asset owner training and awareness scheduled for Q1 21/22 to further improve coverage and quality. • Achieve Cyber Essentials Plus equivalence. Data Security & Protection Toolkit submission completed and core cyber security standards met in March 21. Further mitigation work and investment scheduled in 21/22 to achieve CE+ equivalence certification. • Internal Audit Cyber Security review scheduled Q4 20/21. Complete • Cyber Essentials Plus remediation plan agreed and support activities scheduled with NHSD funded support from Templar. Complete, Further mitigation work and investment scheduled in 21/22 to achieve CE+ equivalence certification. • Cyber security service to be re-specified as a priority following strategic IT partner contract novation in December 2020 (April 2021) • IM&T team security expertise to be reviewed and strengthened (April 2021) • Business case for SIEM solution to be developed and submitted (Aug 2021)
<p>Lack of ability to change process and/or culture at sufficient pace to realise the projected benefits</p>	<ul style="list-style-type: none"> • e-Hospital board meets monthly, reports to quarterly executive IM&T board and governs the EPR programme including prioritisation of deliverables and tracking of plans. • Clear vision, delivery and 	<ul style="list-style-type: none"> • Communication plan agreed and monitored via the programme board which identifies the appropriate audiences, establishes the programme communication schedule and 	<ul style="list-style-type: none"> • Further work is required to improve awareness and communications with staff and patients • Identification of local IT champions required to assist 	<ul style="list-style-type: none"> • e-Hospital ‘Live Event’ to brief / update staff (June 2020) – Complete and further events being planned. • Additional intranet and social media presence including ‘what does this mean to me’ content. Delayed pending recruitment to IM&T vacancies. Engagement Officer post to commence May 21 which will hold responsibility for

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<p>of the e-Hospital programme by 2022.</p>	<p>communication plans in place to ensure staff are aware of the programme objectives and how this will impact on their roles in future.</p> <ul style="list-style-type: none"> • Programme Management function facilitated by reconfiguration IT lead. 	<p>manages the flow of information to staff and patients</p> <ul style="list-style-type: none"> • Benefits realisation plan in place monitored via the programme board, including for delivery of change to working practice 	<p>with the cascade of information and inform changes to process</p> <ul style="list-style-type: none"> • Pace of change a particular challenge when implementing simultaneously alongside other programmes (e.g. efficiency, reconfiguration) 	<p>these tasks, revisit in July 21 for initial updates.</p> <ul style="list-style-type: none"> • Patient and public involvement initiative underway to ensure PPI engagement for relevant work streams, initial meetings held, some delay due to COVID and progress of patient facing project elements. PPI included in Engagement approach for eHospital for 21/22, work ongoing to determine options as projects progress – review Sept 21. • Digital aspirant funding stream to be utilised to enable fixed term clinical backfill to support a broader involvement from staff and more in depth engagement from teams as part of project development and go live. Funding draw down during Jan 2021, re-planning for 20/21 spending in progress including staffing and backfill.
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Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

PR Ref:	PR 6	PR Title:	Estates - Maintaining/ improving existing critical infrastructure									Last Updated:	31/03/2021
Executive lead(s):	Director of Estates & Facilities		Lead Executive Board:	ESB			Lead TB sub-committee:	TB		Strategic Objective	Sustainable estate		
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)	
Current rating (L x I)	4 x 5 = 20	4 x 5 = 20	4 x 5 = 20	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 5 = 20	
Rationale for score:	Maintaining a steady state through Covid-19 impacts. Reconfiguration and on-going capital investment will provide traction on the journey towards achieving sustainable risk reduction.					Risk rating tracker:					Target rating Beyond 2020/21 (L x I)	4 x 5 = 20	
PR Description	Inability to address the drivers to deliver the Estates Strategy including to reconfigure new and maintain existing critical infrastructure, may result in a failure to achieve a fit for the future and safe estate												
Cause(s): Drivers						PR event: If we are unable to address the PR drivers, then it may result in...			Impact: leading to...				
<ul style="list-style-type: none"> Lack of capital funding / investment in estate and resources (skilled specialists) may lead to critical infrastructure failure - interruption to the supply of one or more utilities (electricity, gas, water), an uncontrolled fire or security incident or failure of the built environment that renders a significant proportion of the estate inaccessible or unserviceable, disrupting services for a prolonged period - Critical infrastructure maintained in operational condition beyond design lifecycle and increasingly becoming liable to 'sudden and unexpected' failure 						failure of the Trust's critical infrastructure			widespread disruption to the continuity of core critical services; poorly coordinated care and experience for patients; reduction in the quality and effectiveness of clinical care; repeated failure to achieve constitutional standards; and adverse publicity and reputational damage				
Drivers	Primary controls: What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)		Sources of assurance Evidence that the controls/ systems which we are placing reliance on are effective. Internal & External sources of evidence.			Gaps What (a) further action is still needed or (b) controls are not working effectively? (provide details and progress of actions)		Key current focus (and dates) Are there further controls possible in order to reduce risk exposure within tolerable range?					
Lack of capital funding / investment in estate / resources may lead to critical infrastructure failure	<ul style="list-style-type: none"> Risk based prioritised plan developed by E&F Risk & Governance Group to support the 2021/22 Capital Programme across the following fields : <ul style="list-style-type: none"> Condition; Compliance; Resilience; Single point Failures. E&F Escalation and Emergency corrective response arrangements in place to respond to breakdowns and failures. 		<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). Backlog Maintenance liability reported to DoH in the 4th September 2020 ERIC submission. Annual assurance reports 			<ul style="list-style-type: none"> Insufficient capital investment to adequately address the backlog maintenance liability (risk register 3143). Recruitment and retention of key operational and maintenance E&F staff. Potential shortfall in operational budget for recruitment of sufficient cleaning and Estates 		<ul style="list-style-type: none"> Following the successful emergency backlog maintenance bid, the £10.3 work was scheduled for completion in the 2020/21 programme; however, this has now been carried over into the 2021/22 capital work programme. 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) is progressing across Estates workforce. Recruitment into key operational roles by 30/06/2021. The new Deputy Director of E&F 					

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	<ul style="list-style-type: none"> • 24/7 response from Estates & Facilities and specialist contractors, including ‘out of hours’ arrangements. • Some critical plant and equipment have back-up systems (contingency plans) in the event of ‘loss of’ power/engineering services. 	<p>from independent specialists for services including: Electrical, Piped Medical Gas, Water and Specialist Ventilation (internal).</p> <ul style="list-style-type: none"> • Annual Premises Assurance Model (PAM) evidence gathering is coming to a close in early April 2021 and this data will be uploaded into the new DoH online PAM assessment tool before the end of May. A Trust Board PAM report will follow. • Annual Patient-led Assessments of the Care Environment (PLACE) with scorecard reported nationally and benchmarked (internal). These are yet to be scheduled for 2021 due to Covid-19. Monthly PPM reports measured against KPIs (internal). • Actions from internal and external audit and inspection reports are put into action plans and progress is reviewed through E&F & UHL specialist groups with significant issues escalated using the Trust’s Risk Management policy methodology and through the Trust’s governance arrangements for escalation. 	<p>maintenance staff to deliver services and maintain estate with resilience and drive quality improvement (risk register 3144).</p> <ul style="list-style-type: none"> • Access to key clinical areas such as Theatres, NNU, Maternity, Osborne building Hope Unit, PICU and BMTU to carry out invasive works to reduce risk and improve compliance to current standards for critical ventilation and water quality (Pseudomonas). • There is a reducing risk to the capital works programme because of Covid infections. We were seeing incidents of contractors closing their sites and project managers having to self-isolate. However, this situation is currently improving, but an increase in the Covid-19 ‘R’ rate, or a third wave can still significantly impact on capital work programmes. 	<p>(Operational Services) started 04/01/2021 and he will be a key contributor to drive the transformation of E&F Operational Services.</p> <ul style="list-style-type: none"> • Water quality is tested for Pseudomonas across all augmented care wards and there is a programme of Legionella testing in place across patient care areas. Adverse results are subject to a risk assessment from Infection Prevention and Local clinical/nursing staff to protect patient welfare. Water outlets are taken out of use, or the risks controlled by the use of point of use water filters on taps and showers as an initial control. However, a significant interruption/decant is often required to enable a more permanent solution to be progressed. It is a similar position with upgrading critical ventilation and endoscopy suite compliance. A comprehensive critical ventilation review in 2020 has identified a number of areas that require upgrading to meet current standards. Funding and access arrangements will need to be agreed on a priority basis and incorporated in the Capital Development plans going forward. Priority ventilation and water works have been evaluated for cost and access requirements by the Capital Development Team and will go into a 2021/22 capital plan. The E&F Capital Development team have been successful in a bid for endoscopy compliance funding and have put a programme in place to upgrade UHL endoscopy suites that will enable full compliance to current endoscopy unit standards by the end of March 2021. The LGH endoscopy work was completed in March, the LRI will be completed on the 6th April and the GH work is now due to be completed in May 2021.
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Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

PR Ref:	PR 7	PR Title:	Estates: reconfiguration - new estate									Last Updated:	30/03/2021
Executive lead(s):	Director of Estates & Facilities		Lead Executive Board:	ESB			Lead TB sub-committee:	TB		Strategic Objective	Sustainable reconfiguration		
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)	
Current rating (L x I)	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	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	4 x 4 = 16	4 x 4 = 16	
Target rating (L x I)			4 x 4 = 16			4 x 4 = 16			4 x 4 = 16			4 x 4 = 16	
Rationale for score:	<p>Delay not mitigated until all business case processes concluded; and construction complete. Score not reduced – awaiting feedback from New Hospital Programme on the extent of new policy to be reflected – e.g. Standardisation, Net Zero Carbon and Digital Hospital. Drawdown for 2021/22 not yet submitted or approved.</p>					Risk rating tracker:	<p>The chart displays the current rating (solid blue line) and the Q4 target (dashed red line) over a 12-month period from April to March. The Y-axis represents the rating score from 0 to 25. The current rating remains constant at 16 throughout the period, while the Q4 target is set at 12.</p>				Target rating Beyond 2020/21 (L x I)	3 x 4 = 12	
PR Description	Inability to address the drivers to deliver the Estates Strategy including to reconfigure new and maintain existing critical infrastructure, may result in a failure to achieve a fit for the future and safe estate												
Cause(s): Drivers						PR event: If we are unable to address the PR drivers, then it may result in...			Impact: leading to...				
<ul style="list-style-type: none"> Failure to deliver the Trust's site investment and reconfiguration programme within resources - Delays to business case approval or construction could result in inflation increases on prices, reducing available budget to complete the programme. 						failure to create and sustain an estate fit for the future			widespread disruption to the continuity of core critical services, poorly coordinated care and experience for patients, reduction in the quality and effectiveness of clinical care, repeated failure to achieve constitutional standards and loss of public confidence in the trust				
Drivers	Primary controls:			Sources of assurance			Gaps		Key current focus (and dates)				
	What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)			Evidence that the controls/ systems which we are placing reliance on are effective. Internal & External sources of evidence.			What (a) further action is still needed or (b) controls are not working effectively? (provide details and progress of actions)		Are there further controls possible in order to reduce risk exposure within tolerable range?				
Failure to deliver the Trust's site investment and reconfiguration programme within resources.	<ul style="list-style-type: none"> Pre Consultation Business Case (PCBC) concluded the national assurance process and was formally approved on the 1st September. Public Consultation commenced on the 28th September and concluded on 21st December 2020. 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. Development of robust programme with 			<ul style="list-style-type: none"> Robust programme management through Reconfiguration Programme Committee with monthly progress reporting to, executive committee and the Trust Board (internal). Appointment of Trust Side professional advisors to provide assurance: PwC on finance and governance; Ryder Levett Bucknell (RLB) on project and cost management; 			<ul style="list-style-type: none"> Agreement of capital drawdown through business case development. New Hospital Programme identified the strategy of zero carbon and a fully digital hospital: precise details unknown so requirements for UHL and impact on capital unknown. We need to agree the detailed scope of the scheme to take account of 		<ul style="list-style-type: none"> Continue to progress discussions on drawdown of capital for 2021/22 in order to continue resourcing the programme. Verbal support has been given; further validation on activities is required to release funds and discussion ongoing. Resource review underway to validate structure. PwC undertaking a Project assurance stock take for the Programme SRO on processes and systems. Offer of support to the New Hospital Programme to develop the standardisation required across the programme. Escalation of the impact of delay on inflation and costs of possible policy changes resulting from the need to 				

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	<p>adequate time allowed for external approval process.</p> <ul style="list-style-type: none"> • One Outline Business Case for the whole scheme, with 3 separate Full Business Cases aligned to the overall 6 year delivery programme. • Budget aligned to delivery programme with allowance in budget for inflation, optimism bias and contingency. • Cash flow developed to request early draw down of resource for business case development before FBC is approved. • Monthly meetings with DHSC and National NHSI/E colleagues to discuss consultation process and business case approvals to expedite the process; weekly meetings with Regional NHSE/I colleagues • Projects not dependant on consultation will be fast-tracked to commence delivery in 2021. 	<p>Capsticks on legal issues.</p> <ul style="list-style-type: none"> • Capsticks have confirmed legitimacy of consultation during COVID pandemic using virtual media. 	<p>the assessment of the impact of COVID (future pandemic proofing).</p> <ul style="list-style-type: none"> • Creation and adoption of a Social Values strategy to take account of the opportunities generated by the Reconfiguration capital investment. 	<p>comply to the digital and sustainability requirements; Awaiting outcome of submitted costs to NHSE/I and policy guidance to be published.</p> <ul style="list-style-type: none"> • RLB have been commissioned to produce a Social Values strategy for UHL. Throughout January and February they have undertaken interviews with a range of stakeholders both within UHL and external partners as information gathering to inform the strategy. Draft strategy to be presented in April to the Reconfiguration Programme Committee. • Focus on scope of the Outline Business Case to validate the clinical capacity provided.
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Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

PR Ref:	PR 8	PR Title:	COVID 19 – recover and restoration / renewal									Last Updated:	29/03/2021																																						
Executive lead(s):	Director of Strategy and Communications / Acting Chief Operating Officer			Lead Executive Board:	ESB		Lead TB sub-committee:	TB		Strategic Objective	Quality priorities and innovation in recovery and restoration																																								
BAF tracker - month	APR	MAY	JUN (Q1)	JUL	AUG	SEP (Q2)	OCT	NOV	DEC (Q3)	JAN	FEB	MAR (Q4)																																							
Current rating (L x I)	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	3 x 4 = 12	3 x 4 = 12	4 x 4 = 16	4 x 4 = 16	4 X 5 = 20	4 X 5 = 20	4 X 5 = 20																																							
Target rating (L x I)			4 x 4 = 16			3 x 4 = 12			4 x 4 = 16			4 x 5 = 20																																							
Rationale for score:	<p>At the outset of the COVID-19 pandemic and increase of the national NHS incident level to 4, UHL deployed adaptable command and control arrangements to ensure Strategic, Tactical & Operational oversight of risks. This process enabled rapid and targeted steps to be taken which increased capacity (through reductions in elective activity, increased levels of discharge and procurement of additional ventilators) & ensure at no time within the first peak of COVID-19 (March-May 2020) did demand for acute UHL services at any time outstrip supply.</p> <p>The same rigour applied to the command and control structure at the onset of COVID-19 was applied to the restoration/recovery process and addressing the backlogs in elective services & mitigating the drivers in the population deciding not to present to A&E with major conditions (such as TIA's). This process of renewed focus is supported by the release by NHSE/I of detailed planning guidance (Phase 3 Restoration/Recovery) for the months of August-November 2020. This renewed focus and detailed planning guidance reduced this risk score from 16-12 until potentially rising again (when NHSE/I COVID-19 transmission levels & demand for acute services are anticipated to rise again).</p> <p>With the onset of the 'second peak' of COVID-19 in November 2020, elective activity reduced. In line with the first peak, cases prioritised on the basis agreed by the UHL Executive COVID-19 forum. Cancer and urgent elective work prioritised. This position monitored on a weekly basis with elective capacity for long waiting patients restored as soon as possible. Capacity within the Independent Sector and the Alliance has been protected for urgent elective work and diagnostics.</p> <p>As of February 2021, UHL is currently in the peak of the second wave and this peak is notably larger than the first. All non-urgent (other than P1 & P2) elective activity is being stood down (including Outpatient activity) where this supports a reallocation of staff to manage the COVID-19 related demand. The Restoration/Recovery process will recommence when demand and pressure reduces. This process will be managed via the COVID-19 tactical and strategic command process.</p> <p>In April, the risk will be reduced when we have increased theatre capacity.</p>					Risk rating tracker:	<table border="1"> <caption>Current Rating vs Q4 Target</caption> <thead> <tr> <th>Month</th> <th>Current Rating</th> <th>Q4 Target</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>16</td><td>12</td></tr> <tr><td>May</td><td>16</td><td>12</td></tr> <tr><td>Jun</td><td>16</td><td>12</td></tr> <tr><td>Jul</td><td>16</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>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 Rating	Q4 Target	Apr	16	12	May	16	12	Jun	16	12	Jul	16	12	Aug	12	12	Sep	12	12	Oct	12	12	Nov	16	12	Dec	20	12	Jan	20	12	Feb	20	12	Mar	20	12	Target rating Beyond 2020/21 (L x I)	3 x 4 = 12
Month	Current Rating	Q4 Target																																																	
Apr	16	12																																																	
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Feb	20	12																																																	
Mar	20	12																																																	
PR Description	Inability to efficiently return to operating as an acute specialist teaching Trust whilst maintaining our ability to respond to COVID, including preparedness and planning for late presentation of multiple epidemiological events, may result in rapid operational instability																																																		
Cause(s): Drivers							PR event: If we are unable to address the PR drivers, then it may result in...	Impact: leading to...																																											
<ul style="list-style-type: none"> Pandemic disease outbreak peaks that results in a temporary or prolonged disruption to the continuity of core services across the Trust, which also impacts significantly on the local health service community. The ability to stop and reverse the trend in backlog & waiting list increases is impacted by the requirement to maintain COVID-19 safety measures and the commensurate reduction in throughput/productivity of existing capacity. 							Rapid operational instability		Negative impact to the health and safety of patients, staff and visitors (with increased waiting list & backlog numbers and the associated patient harm) as well as impact on the organisation's ability to provide an acceptable level of health service and adverse reputation.																																										

Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

Drivers	Primary controls: What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Sources of assurance Evidence that the controls/ systems which we are placing reliance on are effective. Internal & External sources of evidence.	Gaps What (a) further action is still needed or (b) controls are not working effectively? (provide details and progress of actions)	Key current focus (and dates) Are there further controls possible in order to reduce risk exposure within tolerable range?
<p>Inability of organisation to meet the ambitions within the Restoration/ Recovery process due to decreased throughput associated with maintaining COVID-19 IP safety measures.</p>	<ul style="list-style-type: none"> UHL & LLR System wide Recovery and Restoration plan (supported by a detailed specialty/POD demand and capacity plan). Close partnership working with multi-agency partners through the LLR health Tactical Coordination Group (HTCG) and LLR Health Strategic Coordination Group (HSCG). Implementing the direction and guidance received from the UHL COVID-19 Strategic Group, LLR CCGs, NHS England and NHS Improvement. A new performance dashboard has been introduced to monitor the gap between recovery/restoration targets and existing performance. Increased use of the independent sector & maximisation of LLR Alliance capacity. Innovation log maintained by UHL strategy team & LLR CCG design groups. All CMGs have designed and presented Recovery and Restoration plans approved by Demand and Capacity Cell, extraordinary Tactical Group and Strategic Group meetings. Leicestershire / Northants' data cell established to share business intelligence approach to recovery, demand and capacity planning. Local SAGE approach agreed for system alerts. This will ensure system remains focussed on restoration/recovery until cases & demand begins to increase. Daily monitoring of data including attendances. 	<p>Internal:</p> <ul style="list-style-type: none"> Realigning command and control arrangements to focus on restoration/recovery. LLR Strategic oversight and escalation. Daily performance monitoring and exception reporting internally and with external partners involved. (Internal/ External). 	<ul style="list-style-type: none"> Gap analysis to identify demand post COVID-19. As yet the work to understand what achievable trajectories for recovery of services have yet to be set at Trust and system level. Solutions to bridge the gap in meeting trajectories to ensure delivery during the next three months. 	<ul style="list-style-type: none"> At present confirm and challenge processes with CMGs are taking place to ensure that current restoration/recovery plans are ambitious with focussed actions that maximise the potential of the next three months. System level conversations, through the LLR design groups are focussed on resolving the gap between current levels of performance and the ambitions within the recovery process. The restoration/recovery process will be driven by the understanding of the differential impact of COVID-19 and the potential wider disease burden. The LLR system & UHL are currently investigating the level of health inequalities within our health economy and designing plans to resolve this.
<p>Potential future wave of COVID-19 that results in a temporary or prolonged disruption to the continuity of core services across the Trust, which also impacts significantly on the local health service</p>	<ul style="list-style-type: none"> UHL COVID-19 Escalation Framework provides a clear response framework for managing demand in response to COVID-19 UHL COVID-19 Response Plan. UHL COVID-19 Strategic Recovery Group chaired by member of the Executive Team. UHL COVID-19 Tactical Group chaired by Deputy COO to monitor operational matters and escalate to UHL Strategic Group as appropriate. The Trust has an Emergency Planning Team. The Trust has identified Priority Work Streams (including IP; Demand, Capacity & Escalation; Procurement & Supplies, Estates & Facilities; HR & Occupational Health; Communications; Data; Finance; IM&T) and CMGs, each with a 	<ul style="list-style-type: none"> UHL COVID-19 Daily SitRep. Collaborative decision making through UHL COVID-19 Tactical and Strategic Groups and Board meetings (Internal). Compliance with Midland region command and control arrangements (External). Transparency and oversight of rapid decision making provided through regular 	<ul style="list-style-type: none"> Ensuring the benefits identified through each wave of COVID-19 (such as greater discharges & reduced levels of stranded patients) are 'locked in'. Early evidence suggests traditional system challenges are re-emerging. This is being addressed at the system level. Gaps in clinical workforce 	<ul style="list-style-type: none"> The recovery from each wave of COVID-19 presents a unique window of opportunity for the Trust to truly and rapidly transform. CMGs to review surge plans in preparation for future wave – to be monitored via UHL Tactical and Strategic / ICC. Workforce plans are continuously under review. All non-urgent (other than P1 & P2) elective activity is being stood down (including Outpatient activity) where this supports a reallocation of staff to manage the COVID-19 related demand.

Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

community.	<p>Nominated Lead & Deputy.</p> <ul style="list-style-type: none"> • The Trust is an active member of the LLR Strategic and Tactical Coordinating Groups (HSCG). • The Trust is an active member of various LLR 'work stream' cells. • Accountable Emergency Officer (COO) in place. • NED in place with oversight of EPRR. • Daily SITREP reporting internally and externally to NHSEI. • The Trust has financial approval and monitoring arrangements with specific Covid-19 cost code to record and monitor expenditure - Must be of a standard to meet public and parliamentary scrutiny and external audit. • Participation in national & regional executive specific COVID-19 webinars. • Tactical Group maintain a log of deviations from national directives, local policies / best practice / guidance during COVID-19 for learning purposes. 	<p>weekly updates to Governors and non-executive directors (Internal).</p> <ul style="list-style-type: none"> • BAF Principal Risk 8 reviewed at UHL COVID-19 Strategic Group and escalated to Chairman and NEDs (via TB papers) (Internal). 	to manage the COVID-19 related demand.	
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Appendix 1 - Board Assurance Framework – (FINAL Q4 2020/2021)

BAF Scoring process:

❖ Likelihood of Risk Event - score & example descriptors

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

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

❖ Impact / Consequence score & example descriptors

Risk Sub-type	1	2	3	4	5
	Rare	Minor	Moderate	Major	Extreme
<ul style="list-style-type: none"> - REPUTATION loss of public confidence / breach of statutory duty / enforcement action - Harm (patient / non-patient - physical/ psychological) - Service disruption 	<p>No harm.</p> <p>Minimal reduction in public, commissioner and regulator confidence</p> <p>Minor non-compliance</p> <p>Negligible disruption – service continues without impact</p>	<p>Minor harm – first aid treatment.</p> <p>Minor, short term reduction in public, commissioner and regulator confidence.</p> <p>Single breach of regulatory duty</p> <p>Temporary service restriction (delays) of <1 day</p>	<p>Moderate harm – semi permanent /medical treatment required.</p> <p>Significant, medium term reduction in public, commissioner and regulator confidence.</p> <p>Single breach of regulatory duty with Improvement Notice</p> <p>Temporary disruption to one or more Services (delays) of >1 day</p>	<p>Severe permanent/long-term harm.</p> <p>Widespread reduction in public, commissioner and regulator confidence.</p> <p>Multiple breaches in regulatory duty with subsequent Improvement notices and enforcement action</p> <p>Prolonged disruption to one or more critical services (delays) of >1 week</p>	<p>Fatalities/ permanent harm or irreversible health effects caused by an event.</p> <p>Widespread loss of public, commissioner and regulator confidence.</p> <p>Multiple breaches in regulatory duty with subsequent Special Administration or Suspension of CQC Registration / prosecution</p> <p>Closure of services / hospital</p>

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

BAF Scoring Matrix: (L x I)

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

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

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

Audit Committee – Deep Dive outcomes:

G	Satisfactory	A	Partial - generally satisfactory with some improvements required	R	Unsatisfactory
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Appendix 2 - Risk Register report (rated 15 and above) as at 31/03/2021

Risk ID	CMG	Specialty	Review Date	Risk Description	Impact	Likelihood	Current Risk Score	Target Risk Score
2565	CMG 1 - CHUGGS		31/May/21	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.	4. Major	5. Almost certain	20	9
3139	CMG 1 - CHUGGS	Endoscopy	31/May/21	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.	4. Major	5. Almost certain	20	4
3682	CMG 1 - CHUGGS	Endoscopy	15/May/21	If the routine ventilation system in the Endoscopy Units is not improved, then it may result in delayed diagnosis and treatment for diagnostic tests for both routine and cancer pathways, leading to potential patient harm, non-compliance with RLT and Cancer waiting time targets, adverse reputation and financial loss.	5. Extreme	4. Likely	20	10
2264	CMG 1 - CHUGGS	General Surgery	31/03/2021	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.	4. Major	5. Almost certain	20	6
3727	CMG 1 - CHUGGS	Haematology	30/04/2021	If additional capacity and space cannot be identified to meet the increasing demand on Osborne Day Case services, caused due to Covid-19 space requirements, and need to support SACT and specialist services out of Osborne, then this may result in delayed treatment for patients with curative or palliative cancers, leading to potential patient harm, adverse reputation and financial loss.	4. Major	5. Almost certain	20	12
1149	CMG 1 - CHUGGS	Oncology	31/May/21	If demand for cancer patients' services 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.	4. Major	5. Almost certain	20	9
3333	CMG 1 - CHUGGS	Oncology	31/May/21	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.	4. Major	5. Almost certain	20	4
3258	CMG 1 - CHUGGS	Radiotherapy	31/May/21	If the radiotherapy service unable to deliver treatments and activity has to be diverted to other radiotherapy service providers, caused due to ageing equipment, then it may result in delays with patient diagnosis leading to potential for a poor patient experience with potential of adversely affecting the outcomes, non-compliance with 62 day standard and a loss of income for the service.	4. Major	5. Almost certain	20	3
3724	CMG 2 - RRCV		30/04/2021	If the green pathway and risk stratification for undertaking transplantation is compromised during COVID-19, due to the significant movement of patients and staff between the renal nephrology wards and the transplant ward, then it may result in an incident occurring that threatens the exposure of COVID19 to patients and staff, leading to potential harm and disruption to the transplant programme.	5. Extreme	4. Likely	20	10
3716	CMG 2 - RRCV		31/May/21	If there is continued high levels of nursing staff absence on the Wards in RRCV CMG at Glenfield Hospital, caused due to Covid, then it may result in delays with delivery of care to patients, leading to potential harm, adverse reputation, service disruption and financial loss.	5. Extreme	4. Likely	20	10
3645	CMG 2 - RRCV		30/04/2021	If the Haemodialysis Unit at LGH does not undergo significant refurbishment or replacement, then it may result in detrimental impact on safety & effectiveness of patient care delivered, including spread of infection between patients, leading to potential for patient harm and adverse reputation.	5. Extreme	4. Likely	20	2
3726	CMG 2 - RRCV	Renal Transplant	30/Apr/21	If the components required to operate the renal water treatment plant at the Loughborough dialysis unit were to fail (due to age and the plant no longer being supported by the supplier), then it may result in the loss of a specialised service leading to significant service disruption and harm to trust reputation.	5. Extreme	4. Likely	20	4
3014	CMG 2 - RRCV	Renal Transplant	30/04/2021	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.	4. Major	5. Almost certain	20	9
3359	CMG 3 - ESM	Acute Medicine	30/04/2021	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.	5. Extreme	4. Likely	20	9
3202	CMG 3 - ESM	Emergency Department	30/04/2021	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.	5. Major	5. Almost certain	20	8
3077	CMG 3 - ESM	Emergency Department	30/04/2021	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.	5. Extreme	4. Likely	20	15
2333	CMG 4 - ITAPS	Anaesthesia	30/Apr/21	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.	4. Major	5. Almost certain	20	2
3475	CMG 4 - ITAPS	Theatres	30/Apr/21	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.	5. Extreme	4. Likely	20	12
2404	CMG 6 - CSI		31/03/2021	If the processes for identifying patients with a centrally placed vascular access (CVA) device within the trust are not robust, then it may result in widespread delays with patient diagnosis or treatment leading to potential harm and increased morbidity and mortality.	4. Major	5. Almost certain	20	4
2615	CMG 6 - CSI	Pathology - Clinical Microbiology	15/05/2021	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.	6. Extreme	4. Likely	20	2
3667	CMG 7 - W&C	East Midlands Congenital Heart Centre (EMCHC)	07/May/21	If the EMCHC service is unable to recruit to paediatric posts to meet the NHSE Congenital Heart Disease standards and to allow the paediatric service to split from the adult congenital service, then it may result in widespread service and reconfiguration disruption, leading to potential for harm, loss of service, activity and associated income.	5. Extreme	4. Likely	20	5
3483	CMG 7 - W&C	Maternity	30/04/2021	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.	5. Extreme	4. Likely	20	5
3023	CMG 7 - W&C	Maternity	01/Jun/21	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.	5. Extreme	4. Likely	20	6
3083	CMG 7 - W&C	Neonatology	01/Apr/21	If gaps in 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.	5. Extreme	4. Likely	20	3
3084	CMG 7 - W&C	Neonatology	01/Apr/21	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.	5. Extreme	4. Likely	20	5
3332	CMG 7 - W&C	Paediatrics	31/May/21	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.	5. Extreme	4. Likely	20	4
3661	CMG 7 - W&C	Paediatrics	31/May/21	If clinical staffing levels in the general respiratory paediatric service are not increased to meet the high levels of demand, then it may result in delays in diagnosis and treatment for new referrals and follow-up appointments, leading to potential harm, adverse reputation and service impacts.	4. Major	5. Almost certain	20	8
3712	CMG 7 - W&C	Paediatrics	31/05/2021	If the existing Paediatric Respiratory Physiology workforce resource is unable to meet clinical demand, then it may result in the loss of a tertiary level specialised respiratory investigation service, leading to potential harm, service disruption, adverse reputation and financial impact.	4. Major	5. Almost certain	20	8
3143	Estates & Facilities		30/04/2021	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.	4. Major	5. Almost certain	20	6
3655	Finance & Procurement		31/May/21	If the Trust is unable to maintain an adequate supply of critical clinical supplies and equipment, caused by critical supply chain failure affecting supply medicines, medical devices such as ventilators, NIV, CPAP and pumps, clinical consumables, nonmedical goods and PPE, then it may result in sub-optimal patient care, leading to potential for harm and poor experience and clinical outcomes.	5. Extreme	4. Likely	20	10
3148	Corporate Operations		30/06/2021	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.	4. Major	5. Almost certain	20	12
3654	Corporate Operations		28/03/2021	If UHL experiences an unprecedented demand for Respiratory, Medical, Critical Care & Palliative Care services for patients requiring oxygen and ventilator support and is unable to establish appropriate pathways for patients with suspected or confirmed COVID-19, then it may result in a delay in patient treatment and a potential deterioration in the patient's condition.	5. Extreme	4. Likely	20	20
3623	Corporate Operations		30/Apr/21	If UHL does not sufficiently plan for, respond to and recover from a major outbreak of COVID-19, then it may result in rapid operational instability, leading to negative impact to the health and safety of patients, staff and visitors as well as impact on the organisation's ability to provide an acceptable level of health service.	5. Extreme	4. Likely	20	20
3615	CMG 1 - CHUGGS	Endoscopy	31/May/21	If there is insufficient investment to procure replacement Endoscopic Ultrasound Scopes, then it may result in poor quality of patient care delivered which may result in patient harm and service disruption.	4. Major	4. Likely	16	8
3550	CMG 1 - CHUGGS	General Surgery	31/03/2021	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.	4. Major	4. Likely	16	8
3260	CMG 1 - CHUGGS	General Surgery	31/03/2021	If medical patients are routinely outlaid 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.	4. Major	4. Likely	16	6
3485	CMG 1 - CHUGGS	Palliative Care	30/11/2020	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.	4. Major	4. Likely	16	12
3350	CMG 1 - CHUGGS	Radiotherapy	31/May/21	If staffing levels are not increased within the radiographic workforce of the radiotherapy department during times of peak activity, then it may result in widespread delays with patient diagnosis or treatment, leading to potential patient harm.	4. Major	4. Likely	16	4
3519	CMG 1 - CHUGGS	Urology	31/03/2021	If availability of essential replacement scopes 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.	4. Major	4. Likely	16	8
3555	CMG 2 - RRCV		30/04/2021	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.	4. Major	4. Likely	16	4
3734	CMG 2 - RRCV		31/May/21	If we do not have the required number of scrub nurses in the Angiocatheter suite to meet the patient demand (due to lack of funding) then it may result in an incident that threatens the safety of patients leading to potential harm, adverse reputation, service disruption and financial loss.	4. Major	4. Likely	16	4
3533	CMG 2 - RRCV	Cardiology	31/May/21	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.	4. Major	4. Likely	16	8
3309	CMG 2 - RRCV	Haemodialysis Units (Including Satellite Units)	30/04/2021	If the Haemodialysis units do not meet the national requirements for number of isolation facilities, then it may result in detrimental impact on safety & effectiveness of patient care delivered, leading to potential for harm.	4. Major	4. Likely	16	4
3167	CMG 2 - RRCV	Renal Transplant	31/May/21	If historical serum samples degraded, caused by malfunction or failure of the walk-in freezer in the Transplant lab, then it may result in a prolonged disruption to the continuity of services leading to service disruption and non-compliance with UKA4.	4. Major	4. Likely	16	3
3413	CMG 2 - RRCV	Respiratory Medicine	30/04/2021	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.	4. Major	4. Likely	16	12
3025	CMG 3 - ESM	Emergency Department	30/Apr/21	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.	4. Major	4. Likely	16	4
3697	CMG 3 - ESM	Emergency Department	30/Apr/21	If there is no suitably trained and competent transfer team to transfer an unstable patient for Emergency Care who is not requiring mechanical ventilation, then it may result in delays to time-critical definitive patient management, leading to potential for harm, adverse reputation and financial impact.	4. Major	4. Likely	16	4
3706	CMG 3 - ESM	Stroke Services	31/05/2021	If the Stroke Unit does not increase and recruit into current nursing vacancies, then it may result in increased risk of patient morbidity and mortality, and accompanying delays in the process of care, leading to potential harm and adverse reputation.	4. Major	4. Likely	16	8
3140	CMG 4 - ITAPS		30/Apr/21	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.	4. Major	4. Likely	16	8
3132	CMG 4 - ITAPS		30/Apr/21	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.	4. Major	4. Likely	16	6
3714	CMG 5 - MSK & SS	Maxillofacial	31/07/2021	If the Max Fax's H&N Consultant Posts cannot be recruited into to meet service demand, then it may result in delayed Cancer Patient Pathways and Treatment, leading to potential harm (failing to achieve Head & Neck 2WW 14 Day appointments for patients and 62 Day Cancer Breaches), adverse reputation, service disruption and financial loss.	4. Major	4. Likely	16	8
3618	CMG 5 - MSK & SS	Ophthalmology	30/06/2021	If there is no process in HISS (PAS) system to identify patients who become overdue on the Long Term Follow Up waiting list in Ophthalmology, then it may result in delays in diagnosis and treatment, leading to potential for harm.	4. Major	4. Likely	16	9
3683	CMG 5 - MSK & SS	Ophthalmology	31/07/2021	If Glaucoma service consultant workforce are below establishment then this may result in delayed patient diagnosis and treatment and could lead to potential patient harm (due to patient's having to wait longer for the care they require).	4. Major	4. Likely	16	12
3679	CMG 5 - MSK & SS	Ophthalmology	30/04/2021	If the ophthalmology service is unable to provide an efficient flow of patients, caused due to demand exceeding capacity, then it may result in delayed patient diagnosis and treatment, leading to potential patient harm (due to patient's having to wait longer for the care they require).	4. Major	4. Likely	16	12
3341	CMG 5 - MSK & SS	Trauma Orthopaedics	30/06/2021	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.	4. Major	4. Likely	16	8

Risk ID	CMG	Specialty	Review Date	Risk Description	Impact	Likelihood	Current Risk Score	Target Risk Score
3482	CMG 6 - CSI	Clinical Engineering	31/05/2021	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	4. Major	4. Likely	16	12
3206	CMG 6 - CSI	Pathology - General Pathology	15/05/2021	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	4. Major	4. Likely	16	6
3329	CMG 6 - CSI	Pharmacy	30/06/2021	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	4. Major	4. Likely	16	6
3708	CMG 6 - CSI	Imaging - Interventional/Screening Procedures	30/06/2021	If the MultiDiagnos Eleva fluoroscopy equipment in Room 12 at the LRI is not replaced (due to its age and service support from Phillips ceasing in December 2021) then it may result in delays with patient diagnosis and treatment, leading to potential harm and significant service disruption	4. Major	4. Likely	16	1
3663	CMG 7 - W&C	Paediatrics	31/05/2021	If we fail to address the staffing shortfall in Medical and Nursing cover for the Paediatric Nephrology Service, then it may result in delayed diagnosis and treatment to Nephrology patients in the region, leading to potential patient harm, reputational damage, service disruption and financial loss	4. Major	4. Likely	16	8
3628	CMG 7 - W&C	Paediatrics	31/May/21	If we fail to address the shortfall in consultant cover for paediatric and TYA haematology and oncology, then it may result in delays with diagnosis and treatment to non-malignant and malignant haematology and oncology patients in the region, leading to Patient harm and reputational damage.	4. Major	4. Likely	16	8
3647	CMG 7 - W&C	Paediatrics	30/04/2021	If we are unable to resolve the medical staffing issues within the Paediatric Rheumatology Service then this may result in delayed patient diagnosis and treatment (due to increased waiting times) leading to potential patient harm and service disruption	4. Major	4. Likely	16	1
3558	CMG 7 - W&C	Paediatrics	07/May/21	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	4. Major	4. Likely	16	8
3560	CMG 7 - W&C	Paediatrics	30/04/2021	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	4. Major	4. Likely	16	6
3561	CMG 7 - W&C	Paediatrics	30/04/2021	If Children's services are unable to comply with the recommendations in NICE Guideline Recommendations in QS 160, then it may result in Children having inappropriate treatments and interventions, leading to potential for harm	4. Major	4. Likely	16	6
3585	CMG 7 - W&C	Paediatrics	31/05/2021	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	4. Major	4. Likely	16	8
2153	CMG 7 - W&C	Paediatrics	30/09/2021	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	4. Major	4. Likely	16	8
3217	CMG 8 - The Alliance		01/Jun/21	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	4. Major	4. Likely	16	8
3201	Communications		30/06/2021	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	4. Major	4. Likely	16	4
3662	Corporate Medical		31/05/2021	If staff find it difficult to communicate (person-to-person and phone-to-phone) caused by wearing AGP PPE during the Covid-19 pandemic, then it may result in errors and delays with patient diagnosis and treatment (including response to time critical transfers), leading to potential for harm	4. Major	4. Likely	16	8
3344	Corporate Medical	Corporate Health & Safety Team	31/May/21	If staff are not mask fit tested for an FFP3 mask or provided with full respirator hoods (if they cannot be fitted) during an outbreak of respiratory viruses (including pandemics) or mycobacterium tuberculosis, then it may result in a detrimental impact on health & safety of staff, patients and visitors, leading to harm	4. Major	4. Likely	16	12
3138	Estates & Facilities		30/04/2021	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	4. Major	4. Likely	16	4
3141	Estates & Facilities		30/04/2021	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	4. Major	4. Likely	16	8
3144	Estates & Facilities		30/04/2021	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	4. Major	4. Likely	16	12
3145	Estates & Facilities		30/04/2021	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	4. Major	4. Likely	16	6
3489	Estates & Facilities		30/04/2021	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	4. Major	4. Likely	16	4
3721	Corporate Nursing	Patient Experience Team	30/04/2021	If during the Covid-19 Pandemic inpatients in non-emergency admission and assessment areas or critical care facilities only need to be cared for in mixed-sex sleeping accommodation or using mixed sex toilet/bathroom facilities, caused due to unprecedented number of critically ill patients being admitted, then it may result in non-compliance with NHS Standard Contract framework, leading to potential for poor patient experience, increased complaints, adverse reputation and financial impact	4. Major	4. Likely	16	8
3340	Corporate Nursing	Staff Bank	30/04/2021	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	4. Major	4. Likely	16	8
3391	CMG 1 - CHUGGS	General Surgery	31/May/21	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.	3. Moderate	5. Almost certain	15	6
3617	CMG 1 - CHUGGS	Palliative Care	30/11/2020	If LRR system-wide governance (including policy, paperwork, process, audit and education) is not agreed for use of subcutaneous medications to manage symptoms in adult patients at the end of life, then it may result in delays for symptom control or medications could be administered without an appropriate assessment of reversible causes of deterioration, leading to potential harm to patients	5. Extreme	3. Possible	15	5
3520	CMG 2 - RRCV		30/04/2021	If a confused patient mobilises off a RRCV ward on the Glenfield site (no ward areas have restricted access doors) and through one of the multiple exit points out of the hospital unchecked, then it may result in a detrimental impact on patient safety, leading to potential for harm	5. Extreme	3. Possible	15	5
3576	CMG 2 - RRCV		30/04/2021	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.	5. Extreme	3. Possible	15	6
3740	CMG 2 - RRCV		30/04/2021	If the Cardiac Rhythm Management service is unable to see patients on the waiting list for Adenosine or Ajmaline tests (due to the suspension of this activity during the Covid 19 pandemic) then it may result in delays in patient diagnosis and treatment with patient's waiting longer than the 6 week expected diagnostic waiting time leading to potential life threatening patient harm, adverse reputation and financial loss	5. Extreme	3. Possible	15	10
3043	CMG 2 - RRCV	Cardiology	31/May/21	If cardiac physiologists staffing levels are below establishment, then it may result in diagnostics not being performed in a timely manner, leading to patient harm	3. Moderate	5. Almost certain	15	6
3047	CMG 2 - RRCV	Cardiology	30/04/2021	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	3. Moderate	5. Almost certain	15	6
3711	CMG 2 - RRCV	Clinical Decisions Unit (CDU)	30/04/2021	If the Clinical Decisions Unit (CDU) is unable to comply with social distancing measures during periods of prevalent infectious respiratory pathogens such as Covid 19 due to overcrowding and the limited ability to segregate patients this may result in an increase in exposure to patients, staff and visitors leading to potential harm and significant service disruption	5. Extreme	3. Possible	15	10
2804	CMG 3 - ESM	Acute Medicine	30/04/2021	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	3. Moderate	5. Almost certain	15	12
3222	CMG 3 - ESM	Emergency Department	31/May/21	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	5. Extreme	3. Possible	15	10
3510	CMG 5 - MSK & SS		06/Aug/21	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 impact	3. Moderate	5. Almost certain	15	9
3704	CMG 6 - CSI		30/06/2021	If the oncology haematology & aseptic pharmacy team do not have sufficient resource to complete preparatory works associated with the upgrade to version 6 of CIS's ChemoCare software, then it may result in delays in patient treatment and incorrect dosing of systemic anti-cancer therapy (SACT), leading to potential harm, adverse reputation, service disruption and financial loss	5. Extreme	3. Possible	15	5
3705	CMG 6 - CSI		30/06/2021	If the oncology, haematology and pharmacy clinical services fail to follow documented protocol (guidelines, policies, procedures and mandated standards) relating to both pharmacy and oncology/haematology, then it may result in increased medication errors, leading to potential harm, adverse reputation, service disruption and financial loss	5. Extreme	3. Possible	15	5
3717	CMG 6 - CSI	Imaging - Plain Films	30/05/2021	If the availability of Plain film imaging rotational staff is inadequate to safely meet service demand, then it may result in delays with patient treatment, leading to potential harm, adverse reputation, service disruption and financial impact	3. Moderate	5. Almost certain	15	9
3730	CMG 7 - W&C	Gynaecology	30/04/2021	If there is a reduction in Gynaecology services, caused due to Gynaecology resources needing to be assigned to support other services within the Trust in response to the Covid-19 pandemic, then it may result in delays in patient treatment and surgery, leading to potential for harm, service disruption and adverse reputation	3. Moderate	5. Almost certain	15	3
3657	CMG 7 - W&C	Maternity	30/04/2021	If Newborn bloodspot samples do not arrive in the screening laboratory within 3 working days, caused due to samples being delayed or lost in the post then it may result in delay in the diagnosis and treatment of life threatening conditions in newborn babies, leading to potential harm to a baby's health and wellbeing, adverse reputation with non-compliance against the Newborn screening standard, and financial implications with repeat samples.	5. Extreme	3. Possible	15	5
3492	CMG 7 - W&C	Maternity	31/05/2021	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	5. Extreme	3. Possible	15	10
3093	CMG 7 - W&C	Maternity	30/04/2021	If there is insufficient Midwifery establishment to achieve the recommended Midwife to Birth ratio, in view of increased clinical acuity, then it may result in patient care being delayed leading to potential harm with an increase in maternal and fetal morbidity and mortality rate	3. Moderate	5. Almost certain	15	6
3694	CMG 7 - W&C	Paediatrics	30/06/2021	If there is a reduction in Paediatric Surgery, Paediatric Urology and Paediatric Orthopaedic services, caused due to Paediatric resources needing to be assigned to support other services within the Trust in response to the Covid-19 pandemic, then it may result in delays in patient treatment and surgery leading to potential for harm, service disruption and adverse reputation	3. Moderate	5. Almost certain	15	6
3090	CMG 8 - The Alliance	Hiackley	01/Jun/21	If the poor condition of the estate at the Hiackley 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	5. Extreme	3. Possible	15	5
2394	Communications		31/01/2021	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	3. Moderate	5. Almost certain	15	3
3695	Estates & Facilities	EFMC - 09 Estates Management and Maintenance Service	30/04/2021	If areas requiring specialist ventilation for infection prevention are not updated to the current healthcare standards, caused due to age and condition of the plant and lack of access, then it may result in a reduction in infection control, leading to potential patient harm, adverse reputation, service disruption and financial loss	5. Extreme	3. Possible	15	5
1615	IM&T	IM&T Customer Service & Operations	30/09/2021	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	5. Extreme	3. Possible	15	10
3677	Corporate Operations	Cancer Centre	30/11/2020	If we are unable to secure funding (withdrawn due to the impact of COVID-19) to deliver Personalised Stratified Follow Up (PSFU) in Breast, Colorectal and Prostate, then it may result in delays in identifying patients concerns and timely addressing of patient physical, psychological, emotional and practical needs, leading to potential patient harm, poor experience and adverse reputation	3. Moderate	5. Almost certain	15	15