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| Meeting title: | Trust Board (public) Public Trust Board paper N |
| Date of the meeting: | 12th January 2023 |
| Title: | BAF and Risk Management Report |
| Report presented by: | Becky Cassidy, Director of Corporate & Legal Affairs |
| Report written by: | Head of Risk & Assurance and Transformation Programme Manager |

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

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

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

Impact assessment

None

1. Purpose of the Report

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

- A copy of the Board Assurance Framework
- A summary of the operational risks rated 15 and above

2. Recommendation

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

The next report to Trust Board will be quarterly.

3. Main report detail

Over the last twelve months the BAF has undergone several iterations. The content and structure of the BAF has been developed through discussion at EPM, the NEDs monthly meeting, TB developments sessions, and TB meetings. Independent advice and input from internal audit, NHSE/I and Deloitte has been reflected.

3.1 BAF - What we have done so far

Over the last twelve months the BAF has undergone a number of iterations. Key changes have been:

- The BAF is now aligned to refreshed strategic themes.
- Each strategic risk has been assigned an executive Lead and is aligned to a sub-committee of the Trust Board; the relevant sub-committee is responsible for seeking assurance on behalf of the Board that the risks are being appropriately managed & that all significant issues are recorded.

The Head of Risk Assurance and the Transformation Programme Manager meet with each BAF risk Executive Lead or deputy to talk through progress against key next steps, sources of assurance and any new or emerging risks of issues. These conversations are reflected in the next iteration of the BAF to the relevant sub-committee.

A copy of the current BAF is attached as Appendix B.

3.2 BAF - Key next steps:

Key next steps in the evolution of the BAF are to:

- Present the draft current, tolerable and target risk scores at the relevant sub-committee for ratification (this happened in-part in December, however due to operational pressures some agenda items were withdrawn).
- Agree risk assurance scores at the relevant sub-committees.
- Develop more granular detail on the strategic risk controls including preventative, detective and corrective controls.
- Align sources of assurance to demonstrate the effectiveness of controls and key next steps.
- Ensure that strategic risks refer to themes from the Trust Risk Register as a source of assurance.
- Build an 'evidence repository' aligned to strategic risk controls and assurances.
- Develop a BAF scorecard to provide a summarised view of strategic risk scores and assurance ratings.
- Revisit / refresh the BAF in light of the development of the Trust's new five to seven year strategy, likely to be completed April 2023.
- Hold a further Trust Board Development session in early 2023 to review progress with developing the Trust's risk appetite with a view to extending to the operational risk register.

3.3 Risk management governance - What we have done so far

3.3.1 Risk Management Committee: A Risk Management Committee was established in March 2022. Chaired by the Chief Executive. All new risks scoring 15 and above are presented for approval. A work plan for the Risk Committee for 2022/23 has been agreed. Since March, all CMGs have presented their top risks,

and these are now reflected on the Trust's Risk Register. Corporate areas are following a similar approach and are expected to complete this exercise by the end of 2022/23. Attendance is not consistent at each meeting. It is acknowledged that this is a recently established committee so is still embedding within the governance structures.

The Risk Committee is now focusing on:

- those risks that CMGs and corporate areas have identified where they need support to control or mitigate.
- consistency of risk scoring, adequacy of controls and assurance robust and relevant mitigating actions are in place.
- Alignment of operational (Risk Register) and strategic (BAF) risks.
- Ensuring attendance is improved, recorded and quorate.
- Providing a written highlight report to the Audit Committee.

3.3.2 Risk Register analysis: Every month, each CMG receives an extract from the Risk Register, detailing all open risks, along with a summary of open risks by current score, risks with elapsed actions or review dates, the highest scoring risks, new risks and closed risks, the causes of the CMGs risks by theme and details of any risks open for 2+ years.

This information pack is used at the CMG Quality and Safety Board (or equivalent) to frame and guide conversations around risk.

A web version of the Trust's Risk Register (Datix) is undergoing user testing with representation from key stakeholders including our Internal Auditors. Deployment across the Trust is expected in the Spring of 2023.

An extract of the risk register for risks rated 15 and above is attached at appendix A, in line with the reporting arrangements outlined in the risk management policy. Reporting of the Risk Register to Trust Board is under review to ensure the Board receives the appropriate level of detail.

Thematic analysis of the risk register tells us:

- The highest risk theme on the risk register relates to gaps in workforce (including nursing and medical in ED and Specialist Medicine, midwifery, RRCV and CHUGGS).
- There is a theme around demand exceeding capacity in a range of services including in ED and CDU, maternity, and the elective care backlog.
- There are challenges relating to the Estate including the operating theatre environment and ICU infrastructure.
- There are equipment gaps including aging medical devices and endoscopy decontamination.
- There are finance pressures including capital funding to address backlog maintenance.
- There is alignment between the themes on the operational risk register and the strategic risks on the BAF.

3.4 Risk management governance - Key next steps:

Key next steps include:

- Ensure attendance is improved, recorded and quorate at future Risk Committee meetings.
- Ensure Risk Committee review and challenge risks that CMGs and corporate areas have identified where they need support to control or mitigate. Including, consistency check risk scoring and ensure appropriate controls and robust and relevant mitigating actions are in place for all operational risks on the Trust Risk Register.
- Continue to ensure that CMG Performance Review Meetings cover areas of highest risk and empower CMGs to raise issues and take ownership of their performance and actions to mitigate risk.
- Provide training and support to CMGs triumvirates and corporate leads in risk scoring.
- Deploy the web version of the Trust's Risk Register with user guides and support.

Appendix A – Risk Register summary

| Risk ID | CMG | Risk Description | Current Risk Score | Target Risk Score |
|---------|-------------------------|---|--------------------|-------------------|
| 4018 | CMG 1 - CHUGGS | If the Endoscopy Service admin team is under establishment, then it may result in delays in diagnosis and treatment for patients on the endoscopy waiting list, leading to potential harm | 20 | 2 |
| 4042 | CMG 1 - CHUGGS | If there is not a specialist palliative care pharmacist at UHL then it may result in delay to supply of palliative care medications internally and from external suppliers, leading to potential patient harm. | 20 | 6 |
| 3857 | CMG 1 - CHUGGS | If the Gastroenterology Modular Build Wards 42 and 43 at the LRI are not adequately maintained, caused due to flooding and drainage issues, then it may result in an event that threatens the safety of patients, staff, visitors, and/or the public, leading to harm, adverse reputation and service disruption. | 20 | 6 |
| 3919 | CMG 1 - CHUGGS | If the processes and practices relating to the prescription and administration of controlled drugs and other medications needed for symptom control in a palliative care context are not improved then this may result in an under-dosing or overdosing medication incident leading to major patient harm, adverse reputation and service disruption | 20 | 8 |
| 3970 | CMG 2 - RRCV | If patients who are currently being ventilated via tracheostomy at home, who are ventilator dependant requiring life support ventilation, continue to do so with Nippy 3+ ventilators, which are not only being used outside of their license, but are no longer manufactured and now not serviceable due to global issues with distribution of service kits, then it may result in event that threatens the safety of patients, leading to compromised quality of care, unnecessary hospital admissions, and reputational impact | 20 | 5 |
| 3359 | CMG 3 - ESM | If ESM CMG do not recruit and retain into the current nursing vacancies within Specialist Medicine, including the extra capacity wards opened, then it may result in widespread delays with patient diagnosis or treatment, leading to potential harm. | 20 | 9 |
| 3769 | CMG 3 - ESM | If demand for skin cancer patients' service continues to exceed capacity, caused due to consultant vacancy and SPR gaps, as well as reduced clinical space, then it may result in widespread delays with patient diagnosis or treatment, leading to potential for patient harm and cancer waiting time target breach increasing the potential delays in both diagnosis and treatment. | 20 | 10 |
| 3699 | CMG 3 - ESM | If medical and nursing workforce capacity in Majors is not increased commensurate to meet demand (caused due to reorganised services in ED as a result of the COVID-19 pandemic), then it may result in significant delays with patient assessment, diagnosis and treatment, leading to potential harm, adverse reputation and service disruption. | 20 | 12 |
| 3077 | CMG 3 - ESM | If there are delays in the availability of in-patient beds leading to overcrowding in the Emergency Department and an inability to accept new patients from ambulances, then it may result in detrimental impact on quality of delivered care and patient safety within the ED leading to potential harm. | 20 | 15 |
| 3475 | CMG 4 - ITAPS | If there is no effective maintenance programme in place to improve the operating theatres at the LGH, LRI & GGH sites, including ventilation, and fire safety, then it may result in failure to achieve compliance with required regulations & standards, leading to reputational impact and service disruption. | 20 | 12 |
| 3483 | CMG 7 - W&C | If the Viewpoint Maternity Scan system is not upgraded to the supported 6.0 version and the archiving solution is not addressed, then it may result in a detrimental impact on quality of delivered care and patient safety with missed fetal anomalies, leading to harm | 20 | 5 |
| 3023 | CMG 7 - W&C | If the split site Maternity configuration strategy is not enacted, then it may result in a detrimental impact on safety & effectiveness of Maternity services at the LGH site leading to potential harm | 20 | 6 |
| 3093 | CMG 7 - W&C | If there is insufficient Midwifery establishment to achieve the recommended Midwife to Birth ratio, in view of increased clinical acuity, then it may result in patient care being delayed leading to potential harm with an increase in maternal and fetal morbidity and mortality rates | 20 | 6 |
| 3083 | CMG 7 - W&C | If gaps on the Junior Doctor rota in the Neonatal Units at both the LRI and LGH reach a critical level, then it may result in widespread delays with patient diagnosis or treatment, leading to potential for harm. | 20 | 3 |
| 3084 | CMG 7 - W&C | If split site Consultant cover of the Neonatal Units at the LRI and LGH is not addressed, then it may result in widespread delays with patient treatment leading to potential harm and withdrawal of the neonatal service from the LGH site impacting significantly the Maternity Service. | 20 | 5 |
| 3144 | Estates and Facilities | If Estates & Facilities are unable to recruit and retain staff, or fund posts to deliver services to meet the Trust's expectations, then it may result in a prolonged disturbance to the continuity of core services across the Trust leading to potential service disruption, patient harm, failure to achieve required standards | 20 | 10 |
| 3695 | Estates and Facilities | If areas requiring specialist ventilation for infection prevention are not updated to the current healthcare standards, caused due to age and condition of the plant and lack of access, then it may result in a reduction in infection control, leading to potential patient harm, adverse reputation, service disruption and financial loss | 20 | 5 |
| 3987 | Estates and Facilities | If key Water management services don't offer a resilient service, then it may result in an infection incident that threatens the health of patients / staff and users in the Trust, leading to potential harm with prolonged hospital treatment / ill-health / death | 20 | 10 |
| 3655 | Finance and Procurement | If the Trust is unable to maintain an adequate supply of critical clinical supplies and equipment, caused by critical supply chain failure affecting supply of medicines, medical devices such as ventilators, NIV, CPAP and pumps, clinical consumables, nonmedical goods and PPE, then it may result in sub-optimal patient care, leading to potential for harm and poor experience and clinical outcomes. | 20 | 10 |

| Risk ID | CMG | Risk Description | Current Risk Score | Target Risk Score |
|---------|-------------------------|---|--------------------|-------------------|
| 3617 | CMG 1 - CHUGGS | If LLR system-wide governance (including policy, paperwork, process, audit and education) is not agreed for use of subcutaneous medications to manage symptoms in adult patients at the end of life, then it may result in delays for symptom control or medications could be administered without an appropriate assessment of reversible causes of deterioration, leading to potential harm to patients. | 15 | 5 |
| 3762 | CMG 2 - RRCV | If there is inadequate physical environment for the Cystic Fibrosis Service to operate both inpatient and outpatient services, caused due to building works for Critical Care and poor ventilation in treatment areas, then it may result in a reduction in infection control, leading to potential patient harm with recurrent respiratory infection, adverse reputation with non compliance to service specification laid out by NHS England for CF patients, service disruption with delay in commencement of treatment and financial impact | 15 | 8 |
| 3222 | CMG 3 - ESM | If a member of the public is violent or aggressive outside or inside ED receptions/waiting rooms, then it may result in a detrimental impact on health, safety & security of staff, patients and visitors leading to harm | 15 | 10 |
| 3889 | CMG 3 - ESM | If demand for the diabetes antenatal service continues to exceed capacity, then it may result in widespread delays in patient reviews and treatment, leading to the potential for serious diabetes pregnancy related complications and waiting time target breaches | 15 | 10 |
| 3995 | CMG 4 - ITAPS | If there are not enough anaesthetists/obstetricians/theatre team or midwives to open two (or three) elective theatres to deliver extra elective Caesarean capacity, then it may result in delays to emergency (cat 1) patients, leading to avoidable HIE or adverse fetal or maternal outcomes (death, haemorrhage, hysterectomy etc) ultimately resulting in internal review and adverse publicity for the trust. | 15 | 10 |
| 3704 | CMG 6 - CSI | If the oncology/ haematology & aseptic pharmacy team do not have sufficient resource to complete preparatory works associated with the upgrade to version 6 of CIS's ChemoCare software, then it may result in delays in patient treatment and incorrect dosing of systemic anti-cancer therapy (SACT), leading to potential harm, adverse reputation, service disruption and financial loss | 15 | 5 |
| 3705 | CMG 6 - CSI | If the oncology, haematology and pharmacy clinical services fail to follow documented protocol (guidelines, policies, procedures and mandated standards) relating to both pharmacy and oncology/haematology, then it may result in increased medication errors, leading to potential harm, adverse reputation, service disruption and financial loss | 15 | 5 |
| 4044 | CMG 7 - W&C | If nurse to patient ratios in the children's hospital exceed the RCN/NHS safe staffing guidelines for all patients nursed as a children's inpatient during periods of high activity, then it may result in an event that threatens the safety of children, leading to major patient harm | 20 | 12 |
| 3989 | Estates and Facilities | If there is a lack of Competent Accountable representatives to actively manage Water Safety in UHL, then it may result in the Trust not being able to demonstrate compliance with Legislative requirements, HTM Guidance, and Industry Best Practice, leading to adverse reputation | 15 | 10 |
| 3922 | Finance and Procurement | If there are delays to, or non-delivery of, culture change in the finance function alongside poor financial governance, then it may result in poor quality of financial reporting within the organisation, leading to failure to exit the Recovery Support Programme and continuation of close oversight and scrutiny by NHSE/I, poor value for money demonstrated from the additional investment into the restructure of the finance function | 15 | 8 |
| 4039 | IM&T | If the ageing Multitone Bleep System (LRI & LGH) is not replaced and were to fail, then this may result in delays in responding to cardiac arrest events resulting in potential for major patient harm, adverse reputation, service disruption and financial loss | 15 | 2 |
| 3296 | Operations | If there was a pandemic flu outbreak caused by an eruption of a potentially new strain of the flu virus, then it may result in a detrimental impact on safety & effectiveness of patient care delivered leading to potential of infection to patients, staff and visitors | 15 | 12 |
| 3282 | Operations | If the Trust does not have an adequate CBRN plan to manage contaminated patients from an incident involving chemical, biological, radiological, or nuclear (CBRN) or other hazardous materials (HAZMAT), then it may result in the delayed decontamination and treatment of casualties, a risk of cross-contamination of patients, staff and visitors, and disruption to the Trust's critical and essential activities. | 15 | 8 |
| 3661 | CMG 7 - W&C | If clinical staffing levels in the general respiratory paediatric service are not increased to meet the high levels of demand, then it may result in delays in diagnosis and treatment for new referrals and follow-up appointments, leading to potential harm, adverse reputation and service impacts | 20 | 8 |
| 3585 | CMG 7 - W&C | If HDU provision within Leicester Children's Hospital continues to be inadequate for children requiring higher levels of care, then it may result in poor quality of care, flow, and patient harm. | 16 | 8 |
| 2565 | CMG 1 - CHUGGS | If capacity is not increased to meet demand in General Surgery, Gastro and Urology, then it may result in widespread delays with patient diagnosis or treatment leading to potential for patient harm and breach against delivery of national targets | 20 | 9 |
| 3843 | CMG 1 - CHUGGS | If the correct admin processes are not followed in CHUGGS CMG including Gastro triage for the patients journey, then it may result in detrimental delays with diagnostic tests and treatment, leading to potential harm and adverse | 20 | 8 |
| 3139 | CMG 1 - CHUGGS | If the ageing and failing decontamination equipment in Endoscopy is not improved / replaced, then it may result in delays and inaccuracies with patient diagnosis or treatment, leading to potential for patient harm, failure to meet national guidelines with diagnostic targets and decontamination and Infection Control requirements, increasing waiting list size and failure to secure JAG approval. | 20 | 4 |
| 2264 | CMG 1 - CHUGGS | If an effective solution for the nurse staffing shortages in CHUGGS at LGH and LRI is not found, then it may result in detrimental impact on safety & effectiveness of patient care delivered, leading to potential for patient harm. | 20 | 6 |

| Risk ID | CMG | Risk Description | Current Risk Score | Target Risk Score |
|---------|------------------------|--|--------------------|-------------------|
| 3727 | CMG 1 - CHUGGS | If additional capacity and space cannot be identified to meet the increasing demand on Osborne Day Case services, caused due to Covid-19 space requirements, and need to support SACT and specialist services out of Osborne, then this may result in delayed treatment for patients with curative or highly treatable cancers, leading to potential patient harm, adverse reputation and financial impact | 20 | 12 |
| 1149 | CMG 1 - CHUGGS | If demand for cancer patients' service exceeds capacity, then it may result in widespread delays with patient diagnosis or treatment, leading to potential for patient harm and waiting time target breach | 20 | 9 |
| 3333 | CMG 1 - CHUGGS | If staffing levels in Oncology service remains below clinic capacity, then it may result in significant delay with patients receiving their first appointments, leading to potential adverse impact on their outcomes and longevity. | 20 | 4 |
| 3258 | CMG 1 - CHUGGS | If the radiotherapy service unable to deliver treatments and activity has to be diverted to other radiotherapy service providers, caused due to ageing equipment, then it may result in delays with patient diagnosis leading to potential for a poor patient experience with potential of adversely affecting their outcomes, non-compliance with 62 day standard and a loss of income for the service. | 20 | 3 |
| 3645 | CMG 2 - RRCV | 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 | 20 | 8 |
| 3892 | CMG 2 - RRCV | If there is a lack of beds at Glenfield hospital to meet the expected demand for Winter 2022/23 for patients requiring emergency respiratory & cardiology care, then it may result in a safety event to those patients who are displaced to elective care beds at the LRI, leading to potential patient harm | 20 | 12 |
| 3967 | CMG 2 - RRCV | If the Cardiology service is unable to recruit and retain medical, nursing & AHP staff due to inability to conduct elective activity, then it may result in delays with patient procedures within clinically indicated timescales, leading to patient harm, substantial service disruption and potential litigation. | 20 | 8 |
| 3906 | CMG 2 - RRCV | If there is insufficient capacity in CDU to meet Cardiorespiratory demand, then it may result in time to triage delays, leading to potential patient harm with the inability to transfer patients requiring Cardio-Respiratory support to the Glenfield site and treat patients in a safe and timely manner | 20 | 12 |
| 3014 | CMG 2 - RRCV | If there is no fit for purpose Renal Proton Clinical System to collect all information required for reimbursement of dialysis, then it may result in poor impact on the patient experience poor leading to reputational impact | 20 | 9 |
| 3202 | CMG 3 - ESM | If there are shortfalls or gaps in medical staffing of the Emergency Department, including EDU, then it may result in widespread delays in patients being seen and treated leading to potential harm. | 20 | 8 |
| 3140 | CMG 4 - ITAPS | If sufficient 'downtime' for Planned Preventative Maintenance and corrective maintenance is not scheduled into the theatre annual programmes to maintain specialist ventilation systems, then it may result in detrimental impact on safety & effectiveness of patient care delivered leading to potential harm from microbiological contamination in the theatre environment. | 20 | 8 |
| 3113 | CMG 4 - ITAPS | If the infrastructure in our ICU's is not updated and expanded to meet current standards and demand for all patients requiring level 2 or 3 care, then it may result in a detrimental impact on safety & effectiveness of patient care delivered benchmarked against other centres (ICNARC), leading to potential for patient harm | 20 | 6 |
| 3773 | CMG 5 - MSK and SS | If ENT services are unable to meet current demand and address the backlog of 18 week and 52 week RTT patients (caused due to the COVID 19 pandemic) then this may result in delays in patient diagnosis and treatment leading to potential harm to patients on the 2WW pathway, significant service disruption, adverse reputation and financial loss | 20 | 6 |
| 3714 | CMG 5 - MSK and SS | If the Max Fax's H&N Consultant Posts cannot be recruited into to meet service demand, then it may result in delayed Cancer Patient Pathways and Treatment, leading to potential harm (failing to achieve Head & Neck 2WW 14 Day appointments for patients and 62 Day Cancer Breaches), adverse reputation, service disruption and financial loss. | 20 | 6 |
| 3817 | CMG 6 - CSI | If the pharmacy service (inclusive of clinical trials) is under-established and / or unable to recruit & retain adequate staff (in either individual teams or across multiple parts of the service) then this may result in the service being unable to maintain current and future workload requirements and meet emerging service development opportunities leading to potential for significant service disruption, patient harm and adverse reputation | 20 | 8 |
| 3558 | CMG 7 - W&C | If paediatric neurology is unable to secure cover for current consultant vacancy and cover long term sickness of specialist nurse, then it may result in widespread delays with patient diagnosis and treatment, resulting in patient harm and substantial service disruption. | 16 | 8 |
| 3561 | CMG 7 - W&C | If Children's services are unable to comply with the recommendations in NICE Guideline Recommendations in QS 160, then it may result in Children having inappropriate treatments and interventions, leading to potential for harm. | 16 | 6 |
| 3143 | Estates and Facilities | If sufficient capital funding is not committed to reduce backlog maintenance across the estate and infrastructure, then it may result in a prolonged disturbance to the continuity of core services across the Trust leading to potential service disruption and patient harm | 20 | 6 |
| 3981 | Estates and Facilities | If the systems and processes for managing waste in UHL are inadequate, then it may result in multiple breaches of UK Waste Management Regulations, leading to potential for adverse reputation, service disruption, harm and financial impact. | 20 | 9 |

| Risk ID | CMG | Risk Description | Current Risk Score | Target Risk Score |
|---------|-------------------------|--|--------------------|-------------------|
| 3923 | Finance and Procurement | If insufficient capital funding is available to address statutory requirements or address backlog maintenance requirements, then it may result in an event that threatens the health and/or safety of patients, staff, visitors, and/or the public, leading to adverse impact on harm and experience and adverse effect on service continuity and productivity | 20 | 12 |
| 3996 | Operations | If there is insufficient capacity to meet the Urgent and Emergency Care demand in UHL, then it may result in significant service disruption to patients attending the Emergency Department, Clinical Decisions Unit and Surgical Admission Unit(s), leading to harm and adverse reputation | 20 | 12 |
| 4009 | Operations | If there is not a significant increase in capacity above the levels maintained pre-pandemic to support those patients awaiting elective care (both admitted and non-admitted), then it may result in the Trust breaching requirement to see and treat patients within 78 weeks of referral by March 23, leading to adverse reputation (not achieving phase 2 of the National RTT Elective Recovery Plan agenda) and patient harm. | 20 | 12 |
| 4023 | Operations | If the Trust is unable to fully comply with the NICE quality standards relating to Safe and Timely Discharge/ Transfer of Care, then it may result in an event that threatens the safety of patients, leading to potential harm from delays in their reablement / recovery, and poor patient experience | 20 | 12 |
| 3846 | CMG 1 - CHUGGS | If the establishment of trained SACT nurses in the Chemotherapy Suite continues to fall below the levels required to meet the increased demand for its service's (due to significant staffing vacancies and long term staff sickness) then this may result in delays in treatment and extended waiting times for chemotherapy patients leading to potential for patient harm, service disruption and adverse reputation | 16 | 6 |
| 3867 | CMG 1 - CHUGGS | If the establishment of IBD nurses continues to be below the levels required to meet the current demand for its service then this may result in severe delays in diagnosis and providing medical management to patients using the telephone service and urgent nurse led clinic leading to potential harm and unnecessary admissions via emergency care | 16 | 6 |
| 3260 | CMG 1 - CHUGGS | If medical patients are routinely outlited into the Surgical Assessment Unit at LRI along with surgical admissions and triage, then it may result in widespread delays with surgical patients not being seen in a timely manner therefore not getting pain relief or appropriate treatment in the right place, leading to potential for patient harm and impact on surgical flow. | 16 | 6 |
| 3999 | CMG 1 - CHUGGS | If health and social care practitioners providing palliative or end of life care do not have full and up to date access to clinical information including advance care planning, records of treatments and specialist palliative care assessments and management, then it may result in an event that threatens the safety of patients, leading to potential patient harm, adverse reputation and non-compliance with NICE recommendations | 16 | 6 |
| 4000 | CMG 1 - CHUGGS | If there is no tailored education programme for UHL staff to deliver palliative or end of life care, then it may result in patients not receiving the physical, psychological, spiritual or social care that they require, leading to potential harm, adverse reputation and as part of the palliative or end of life care and non-compliance with NICE guidance in this area (QS13, NG142, NG31, NG150, QS144 and CG140) | 16 | 6 |
| 3350 | CMG 1 - CHUGGS | If staffing levels are not increased within the radiographic workforce of the radiotherapy department during times of peak activity, then it may result in widespread delays with patient diagnosis or treatment, leading to potential patient harm | 16 | 4 |
| 3555 | CMG 2 - RRCV | If the Trust is unable to demonstrate compliance against key clinical standards outlined in the NHSE Home Ventilation Service specification (A 14/S/01), then it may result in the loss of registration as a provider for the Respiratory Home Ventilation Service (Adults), leading to service disruption and potential harm to patients | 16 | 4 |
| 3789 | CMG 2 - RRCV | If medical and nursing staffing workforce resource is not increased in alignment with BTS ICS guidelines for the management of Level 2 patients on Ward 20 (Ward 35) to support delivery enhanced respiratory care and monitoring, then it may result in delays with patient treatment and the development of a RSU, leading to potential for patient harm | 16 | 8 |
| 3724 | CMG 2 - RRCV | 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. | 16 | 10 |
| 3751 | CMG 2 - RRCV | If capacity is not increased in RRCV specialties to deliver referral demand for 31 day, RTT and Elective patients then it may result in delays with patient diagnosis or treatment leading to potential for patient harm and breach against delivery of national targets | 16 | 4 |
| 3748 | CMG 2 - RRCV | If diagnostic capacity is not increased in Cardiology and Respiratory Services to deliver both referral demand and current diagnostic waiting lists (backlog), then it may result in delays with patient diagnosis or treatment, leading to potential for patient harm and breach against delivery of national targets | 16 | 4 |
| 3969 | CMG 2 - RRCV | If Vascular Surgery do not have sufficient access to theatre resources to meet service demand, then it may result in patient treatment being delayed, leading to potential harm | 16 | 6 |
| 3991 | CMG 2 - RRCV | If there is no full-time JDA in post to co-ordinate staffing levels and the administration of sickness/absence, exception reporting, recruitment, adding shifts to roster, processing annual leave, introduction of new Doctors across the Surgical Services in RRCV, then it may result in delays in medical reviews, leading to service disruption | 16 | 8 |
| 3533 | CMG 2 - RRCV | If there is insufficient Medical staff at consultant and registrar level within cardiology services to meet inpatient and outpatient demand, then it may result in widespread delays with patient diagnosis, prognosis and treatment, leading to potential patient harm. | 16 | 8 |

| Risk ID | CMG | Risk Description | Current Risk Score | Target Risk Score |
|---------|--------------------|--|--------------------|-------------------|
| 3614 | CMG 2 - RRCV | If staffing levels in Peterborough dialysis units are below establishment, then it may result in delays in diagnosis and treatment, leading to potential for adverse impact on patient safety, staff retention, and reputation | 16 | 6 |
| 3309 | CMG 2 - RRCV | 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 | 16 | 4 |
| 3832 | CMG 2 - RRCV | If the Dialysis Units are unable to meet the increased demand on its services (due to an increase in haemodialysis activity as a result of patient's delaying the start of their dialysis and a reduction of transplant activity last year during the COVID 19 pandemic), then this may result in extended waiting times for patients requiring dialysis, leading to patient harm, deterioration in patient conditions, service disruption and adverse reputation | 16 | 3 |
| 3210 | CMG 2 - RRCV | If staffing levels in the Transplant Laboratory were below establishment and the Quality Management System was not appropriately maintained, then it may result in a prolonged disruption to the continuity of the service, leading to service disruption | 16 | 2 |
| 3796 | CMG 3 - ESM | If there are high levels of registered nurse vacancies within the Adult Emergency Department at the Leicester Royal Infirmary, caused due to difficulty recruiting and poor retention of nursing staff within these areas, then this may result in an incident that threatens the safety of patients and staff, leading to potential harm (widespread delays in assessment and in initial treatment/care and staff burnout), adverse reputation, service disruption and financial loss. | 16 | 6 |
| 3797 | CMG 3 - ESM | If there are high levels of registered nurse vacancies within the Children's Emergency Department at the Leicester Royal Infirmary, caused due to difficulty recruiting and poor retention of nursing staff within these areas, then this may result in an incident that threatens the safety of patients and staff, leading to potential harm (widespread delays in assessment and in initial treatment/care and staff burnout), adverse reputation, service disruption and financial loss. | 16 | 6 |
| 3697 | CMG 3 - 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 | 16 | 4 |
| 3855 | CMG 3 - ESM | If Children attending the Emergency Department (ED) are not visually assessed by a doctor or nurse immediately upon arrival with clinical assessment undertaken within 15 minutes to determine priority category, caused due to significant staffing vacancies and lack of assessment rooms, then it may result in delays in diagnosis and treatment within standard timeframe's leading to potential for major harm as children are at greater risk than adults for early deterioration due to their non-specific features of illness and ability to verbalise concerns | 16 | 12 |
| 3882 | CMG 3 - ESM | If the ED are unable to carry out assessments in line with the 15 minutes time to triage standard, caused due to staffing resource and skill mix, then it may result in delay with timely care and treatment, leading to potential patient harm, poor patient experience, psychological staff impact, service disruption and adverse reputation | 16 | 12 |
| 4010 | CMG 3 - ESM | If there is under resourcing for the diabetes dietetic team to meet demand at the LGH, then it may result in delays in advice and treatment to patients, leading to service disruption and patient harm | 16 | 6 |
| 4037 | CMG 4 - ITAPS | If ITAPS are unable to replace the current theatre IT system ORMIS with Nervecentre imminently, then this may result in the untimely provision of information leading to potential patient harm, reputational damage and financial loss | 16 | 6 |
| 3119 | CMG 4 - ITAPS | If there is a deterioration in our theatre staff vacancies and we are unsuccessful in recruiting ODP's to agreed establishment, then it may result in widespread delays with patient treatment leading to potential for patient harm and service disruption | 16 | 8 |
| 3738 | CMG 5 - MSK and SS | If there is a gap in the senior clinical MSK workforce specialising in sarcoma in outpatient and surgical diagnostic settings, caused due to single handed practitioner at consultant level not being readily available, then it may result in delays in patient diagnosis and investigative surgery, leading to harm, adverse reputation and financial impact. | 16 | 6 |
| 3759 | CMG 5 - MSK and SS | If the Maxillofacial / Orthodontics and Restorative Dentistry services are unable to meet current demand and address the backlog of 18 week and 52 week patients (caused due to the reconfiguration of activity during the COVID 19 pandemic) then this may result in delays in patient diagnosis and treatment leading to potential patient harm, significant service disruption, adverse reputation and financial | 16 | 6 |
| 3799 | CMG 5 - MSK and SS | If Fracture clinic demand exceeds capacity, caused due to ED occupying parts of the pre-covid Fracture clinic department, then it may result in an event that threatens the health and/or safety of patients, staff, visitors, and/or the public, leading to potential harm, adverse reputation, service disruption and financial impact. | 16 | 6 |
| 4004 | CMG 5 - MSK and SS | If UHL is not designated as a Major Revision centre for knee revision surgery, then it may result in service disruption to complex and non-complex patients, leading to long wait time and potential patient harm | 16 | 12 |
| 4024 | CMG 5 - MSK and SS | If the contract for cataract lens used cataract surgery by Ophthalmology is not renewed, then it may result in delays in treatment for patients requiring cataracts, leading to potential harm | 16 | 2 |
| 3341 | CMG 5 - MSK and SS | If there is a lack of theatre time and lack of acknowledgement of urgency for getting NoF patients operated on, then it may result in widespread delays with patient treatment, leading to harm (mortality and morbidity) with patient outcome compromised the longer they await theatre. | 16 | 8 |

| Risk ID | CMG | Risk Description | Current Risk Score | Target Risk Score |
|---------|----------------------|--|--------------------|-------------------|
| 3801 | CMG 6 - CSI | If diagnostic capacity is not increased in diagnostic services to deliver both referral demand and current diagnostic waiting lists, caused due to an increased gap in demand and capacity throughout the Covid 19 pandemic then it may result in delays with patient diagnosis or treatment leading to potential for patient harm and breach against delivery of national targets | 16 | 4 |
| 3935 | CMG 7 - W&C | If the support provision provided by the St John's Ambulance service to the East Midlands Critical Care Transport Services (CenTre, CoMET and ECMO) is not reliable and of high quality then this may result in delays in treatment and timely transfers of patients requiring specialist treatment leading to potential for major patient harm, adverse reputation and financial loss. | 16 | 8 |
| 3788 | CMG 7 - W&C | If UHL does not effectively embed genomics testing into its clinical pathways (to enable genomic data to inform treatment choices), then it may result in delays with patient diagnosis and clinical care being compromised, leading to the potential for major patient harm | 16 | 6 |
| 3782 | CMG 7 - W&C | If there is a delay in converting to electronic records in maternity service and they continue to have numerous platforms for documenting care, then it may result in an incident around timely access to clinical information that threatens the safety of patients, leading to potential for harm | 16 | 12 |
| 3918 | CMG 7 - W&C | If the UHL Maternity service continue to roll out continuity of care (COC) pathways to meet trajectories set out by NHS England, when the midwifery staffing establishment is below the Birth rate plus recommendations then it may result in a safety event with women receiving less than the optimum standard of care leading to potential patient harm | 16 | 8 |
| 3566 | CMG 7 - W&C | If there is an insufficient provision of Allied Health Professional (AHP) support within the neonatal service caused by lack of funded establishment and volume of practitioners available, then it may result in a detrimental impact upon patient care, quality of service and reputation of the neonatal service and the Trust. | 16 | 3 |
| 3647 | CMG 7 - W&C | If the medical staffing issues within the Paediatric Rheumatology Service can't be resolved then it may result in delayed patient diagnosis and treatment (due to increased waiting times) leading to potential patient harm and service disruption | 16 | 1 |
| 2153 | CMG 7 - W&C | If the high number of vacancies of qualified nurses working in the Children's Hospital is below establishment, then it may result in widespread delays with patient diagnosis or treatment leading to potential harm. | 16 | 8 |
| 3904 | CMG 7 - W&C | If the Central England Primary Ciliary Dyskinesia management service based at UHL is unable to address its predicted insufficient workforce capacity (due to forthcoming vacancies), then this may result in delays in performing regular clinical reviews and the safe management of patient's with this rare hereditary disorder, leading to potential for irreversible patient harm, service disruption and adverse reputation with the inability of the service to meet national requirements as specified by NHSE | 16 | 4 |
| 3936 | CMG 7 - W&C | If we fail to address the shortfall in Medical cover in the General Paediatric service to the establishment required to meet increased clinical demand and compliance with clinic / referral waiting times, then this may result in a systematic failure to provide an acceptable standard of safe service, leading to the potential for major patient harm, significant service disruption, adverse reputation and financial loss | 16 | 8 |
| 3880 | CMG 7 - W&C | If Paediatrics are unable to recruit an Electrophysiology Consultant to UHL, then it may result in delay with treatment in a timely manner, leading to potential critical harm, adverse reputation and breach of waiting list targets, service disruption and financial impact | 16 | 6 |
| 3842 | CMG 7 - W&C | If the UHL Paediatric Metabolic Service fails to reinforce its service provision in line with the increased demand for its services then it may result in delays with patient diagnosis and treatment leading to potential for major patient harm; adverse reputation and significant service disruption | 16 | 12 |
| 3962 | CMG 7 - W&C | If the systems and process to provide care and treatment for children with a learning disability or mental health illness are incomplete, then it may result in an incident that threatens the safety of patients, staff and others, leading to potential harm including to young people and adverse reputation | 16 | 12 |
| 3887 | CMG 7 - W&C | If the paediatric team are unable to acquire adequate Bivona Tracheostomy tubes, caused due to national issues with the supply chain, then it may result in a delay to provide safe airway management and care for the cohort of patients whom require this level of intervention, leading to potential for harm, substantial service disruption, adverse reputation and potential litigation | 15 | 5 |
| 3839 | CMG 7 - W&C | If the Women's & Children's specialties with patients on RTT pathways are unable to address the backlog of 52, 78 and 104 plus week waits (caused due to the reconfiguration of activity during the COVID 19 pandemic) then this may result in delays in patient diagnosis and treatment leading to potential patient harm, service disruption, adverse reputation and financial loss | 15 | 6 |
| 3694 | CMG 7 - W&C | 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 | 15 | 6 |
| 3217 | CMG 6 - The Alliance | If a solution is not found for flexible endoscope decontamination across all UHL and Alliance units then the organisation will not be compatible with HTM 01-06 or JAG regulations and will not be able to provide a high quality, reliable process for the decontamination of flexible endoscopes, to support the endoscopy service, which could result in lost activity and income, reduced patient satisfaction with the service and patient harm from delayed or cancelled procedures. | 16 | 8 |
| 3201 | Communications | If the Mac desktop computers fail/break down or the shared server fails, then it may result in a prolonged disruption to the continuity of photography and/or graphics services across the Trust leading to service disruption. | 16 | 4 |

| Risk ID | CMG | Risk Description | Current Risk Score | Target Risk Score |
|---------|-----------------------------|--|--------------------|-------------------|
| 4027 | Corporate Medical | If Patient Information Leaflets are not able to be edited and/or created in a new M365 compatible format that is not Publisher, then it may result in incorrect provision of information, leading to patient harm | 16 | 6 |
| 3926 | Finance and Procurement | If UHL does not have adequate cover in critical senior posts within Financial Services (until substantive appointments in situ), then it may result in non-delivery of the 2020/21 accounts audit and key financial projects, leading to potential financial mis-reporting and reputational damage. | 16 | 9 |
| 3927 | Finance and Procurement | If UHL does not deliver robust financial improvement processes (aka No PO No pay unless exempt), then it may result in poor quality of financial reporting, leading to reputational damage | 16 | 9 |
| 3920 | Finance and Procurement | If the Trust fails to deliver the 2022/23 financial plan, then it may result in not achieving its planned control total in 2022/23, leading to increased scrutiny from the regulator and impair the ability of the Trust to exit the Recovery Support Programme | 16 | 8 |
| 3921 | Finance and Procurement | If the CFO is unable to recommend to the UHL Board the 2020/21 accounts by 31/7/22 and the 2021/22 accounts by 31/12/22, then the Trust will be in breach of its statutory duty, leading to adverse reputation | 16 | 9 |
| 4034 | Human Resources | If the Trust does not improve the systems and processes to deliver transactional services aligned to the current and future needs of the organisation, then it may result in systematic failure to deliver high quality service to the workforce, leading to dissatisfaction from our staff in relation to their pay and an inability to attract candidates in a competitive market due to a reputational impact | 16 | 9 |
| 4035 | Human Resources | If there is inadequate and poorly maintained infrastructure in Paget House and Baldwin Lodge for People services staff to operate, then it may result in an event that threatens the health, safety, and security of occupants, leading to staff harm | 16 | 6 |
| 3755 | Corporate Nursing | If workforce capacity in the patient safety team is unable to cover the workload, caused by staff vacancies and increased demand on service, then it may result in untimely information provided internally / externally (including in the following areas; Complaints, PHSO cases, Serious incident identification and timely investigations, Duty of Candour compliance and IRMER investigations, F2SU staff concerns and timely responses and TCS concerns), leading to non-compliance with regulatory standards, service disruption and adverse reputation | 16 | 8 |
| 3722 | Corporate Nursing | If during the Covid-19 Pandemic and ongoing winter pressures there is dilution of registered nursing skill mix in adult wards and critical care, caused due to expansion of the bed base, reduction of staff availability and national directive to increase critical care capacity, then it may result in a detrimental impact on safety & effectiveness of patient care delivered, leading to potential harm | 16 | 12 |
| 3148 | Corporate Nursing | If the Trust does not recruit the appropriate nursing staff with the right skills in the right numbers, then it may result in detrimental impact on safety & effectiveness of patient care delivered leading to potential harm and poor patient experience | 16 | 12 |
| 3899 | Operations | If the Trust's decontamination facilities are not fit for purpose, due to identified problems with the shower decontamination room, drainage, effluent tank and ventilation, then it may result in a CBRN event that threatens the health and safety of patients, staff, visitors and public, leading to potential harm, adverse reputation, service disruption and financial impact. | 16 | 10 |
| 3576 | CMG 2 - RRCV | If there is not adequate staffing resource to support current in-patient service demand for the Home oxygen team, then it may result in patient harm with delays, incomplete or inconsistent assessments, reduced quality of life for patients, increased costs of oxygen provision and potential for withdrawal of CCG funding. | 15 | 6 |
| 3043 | CMG 2 - RRCV | If cardiac physiologists staffing levels are below establishment, then it may result in diagnostics not being performed in a timely manner, leading to patient harm | 15 | 6 |
| 3047 | CMG 2 - RRCV | If the service provisions for vascular access at GH are not adequately resourced to meet demands, then it may result in patients experiencing significant delays for a PICC, leading to potential harm. | 15 | 6 |
| 2804 | CMG 3 - ESM | If the ongoing pressures in medical admissions continue and Specialist Medicine CMG bed base is insufficient with the need to outlie into other specialty/ CMG beds, then it may result in detrimental impact on quality of delivered care and patient safety leading to potential for patient harm | 15 | 12 |
| 3510 | CMG 5 - MSK and SS | If the lack of facilities to support single sex accommodation in the Professor Harper trauma clinic. (PHTC) are not addressed, then it may result in Patient Dignity being compromised (single sex breach is a never event), leading to poor experience and reputational impacts | 15 | 9 |
| 3909 | CMG 6 - CSI | If there is insufficient dietetic workforce provision to the Children's Hospital paediatric specialities, then it may result in an event that threatens the safety of children leading to patient harm | 15 | 4 |
| 3860 | CMG 6 - CSI | If the Radiopharmacy service is unable to replace the degrading Air Handling Unit and Laminar Air Flow cabinets then this may result in major service disruption leading to potential harm with delays in patient treatment / diagnosis and loss of reputation from Nuclear Medicine service users and regulatory bodies (MHRA) | 15 | 3 |
| 1367 | CMG 7 - W&C | If Demand for Neonatal Services at LRI and LGH exceeds capacity, then it may result in widespread delays with patient treatment and the neonatal service being unable to admit any babies leading to potential harm | 15 | 8 |
| 2394 | Communications | If there is no service agreement to support the image storage software used for Clinical Photography, then it may result in widespread delays with patient diagnosis or treatment because Clinicians would not be able to view the photographs of their patients leading to potential harm | 15 | 3 |
| 2166 | Corporate and Legal Affairs | If fundraising plans are not aligned with CMG and corporate Directorate financial plans, then it may result in reduction in planned income, leading to financial impact | 15 | 4 |

| Risk ID | CMG | Risk Description | Current Risk Score | Target Risk Score |
|---------|-----------------------------|---|--------------------|-------------------|
| 3616 | Corporate and Legal Affairs | If the Trust is unable to generate finance through its usual fundraising schemes due to event disruption caused by Covid-19, then it may result in significant reduction in income impacting financial sustainability | 15 | 6 |
| 3958 | IM&T | If obsolete clinical IT systems (e.g. Proton, Clinical Workstation) are not upgraded or replaced to be supported to the required level, then it may result in interruption to critical business function, leading to service disruption, potential impact on quality with delays in decision making and financial impact | 15 | 2 |
| 3955 | IM&T | If the clinical workstation system providing a full electronic patient record in adult and paediatric diabetes & endocrinology at the LRI is not replaced, then it may result in untimely provision of patient information, leading to interruption to critical business functions, potential impact on quality with delays in decision making and financial impact | 15 | 2 |
| 3960 | IM&T | If out of support IM&T software running critical services fails, then it may result in interruption to critical business function, leading to service disruption, potential impact on quality with delays in decision making and financial impact | 15 | 2 |
| 3804 | Corporate Nursing | If monitoring systems to support early assessment of patients skin to identify pressure damage that will result in a pressure ulcer are not effective, in line with Nice Quality Standard 89, then this may result in pressure ulcer incident's occurring whilst in hospital leading to potential patient harm, service disruption, financial loss and adverse reputation | 15 | 9 |
| 1693 | Operations | If clinical coding is not accurate, then it may result in a loss of income resulting in financial impact and loss of Trust reputation | 15 | 4 |

2022/23 Board Assurance Framework

| BAF Ref | Risk Cause | Risk Event | Impact | Executive Lead | Committee | BAF Ref | No | Controls (Impact control = IC or Likelihood control = LC) | Assurance | Current risk rating L x I = Current (Likelihood of event occurring x Impact of event) | Gaps in control (LC or IC) Gaps in assurance (A) | Key next steps (to address gaps in controls or assurance) | Tolerable risk rating (L x I) | Target (appetite) risk rating (L x I) | Completed key next steps |
|---------|--|--|--|---|--|---------|--------------|--|---|--|---|--|--|---------------------------------------|--|
| 01-QC | Lack of Quality Governance and Assurance framework | Failure to maintain and improve patient safety, clinical effectiveness and patient experience | 1. Increase in avoidable harm & serious incidents including never events 2. Mortality rate worse than expected 3. Deteriorating patient survey and FFT recommendation 4. Removal of accreditations - HTA, JAG, UKCAS 5. Patients suffer avoidable harm as a result of an outbreak of nosocomial infection 6. The trust is unable to provide services to the local population because of closure 7. Reputational deterioration affecting patient choice 8. Regulatory intervention | Julie Hogg - CN, Andrew Furlong - MD | Quality Committee | 01-QC | 1 | Clinical policies and procedures (LC) | Notes of Policies and Guidelines Committee received at EQB <10% policies and procedures overdue Patient safety and complaints report to QC Trust Board workshop on PSIRF - 01/12/2022 Local patient safety scorecards reviewed at CMG PRMs | Almost certain (5) x Major (4) = 20 | Readiness to implement new national standards - PSIRF (LC) Concerns about responsiveness and quality of complaints (LC) | Develop implementation plan to adopt PSIRF (CN: tbc) Conduct end to end review of complaints process (CN: tbc) | Possible (3) x Moderate (3) = 9 | Unlikely (2) x Moderate (3) = 6 | NHSE/I review nursing and midwifery establishments - to TB Dec 2022 - completed |
| | | | | | | 01-QC | 2 | Incident, complaints investigation and learning processes (LC) | | | | | | | |
| | | | | | | 01-QC | 3 | Statutory and mandatory training programme (LC) | Reported to PCC | | | | | | |
| | | | | | | 01-QC | 4 | Ward based Assessment & Accreditation (LC) | Reported to QC | | | | | | |
| | | | | | | 01-QC | 5 | Quality Improvement Methodology (LC) | Participation in National Clinical Audits GIRFT reviews | | | | | | |
| | | | | | | 01-QC | 6 | CNST maternity compliance and action plan (LC) | | | Concerns about culture and safe staffing in maternity (LC) | Maternity culture and staffing improvement programme (CN: tbc). | | | |
| | | | | | | 01-QC | 7 | Learning from Deaths process (LC) | Quarterly Learning from Deaths Report. Doctor Foster Intelligence report. | | | | | | |
| | | | | | | 01-QC | 8 | Quality and Experience strategies plus enabling strategies (LC) | Patient experience surveys (e.g. FFT) CQC insight report Rapid flow | | Delayed ambulance handovers and delayed admission creating risk (LC). Lack of patient and carer involvement in Shared Decision Making (IC) | Action plan to improve flow into, through and out of UHL (cross reference to BAF risk 02 OPC) (MD/CN/COO: tbc). Development and roll-out of patient and carer involvement in care via Shared Decision making (CN: tbc). | | | |
| | | | | | | 01-QC | 9 | Compliance with national Infection Prevention BAF and handbook (LC) | CQC inspections | | | | | | |
| | | | | | | 01-QC | 10 | Peer reviews and quality assurance accreditation programmes in specific services (LC) | JAG accreditation HSIB reviews for Maternity Services HTA tissue Blood services | | | | | | |
| | | | | | | 01-QC | 11 | Nurse staffing matched to acuity levels (LC) | Report to Trust Board outlining nurse to patient ratios | | | | | | |
| | | | | | | 01 QC | 12 | Patient-Led Assessments of the Care Environment (PLACE) (IC) | Annual PLACE Assurance Report | | Assessments paused during Covid (A) | | | | |
| 02-OPC | Demand overwhelms capacity and delays access to services | Failure to meet national standards for timely urgent and elective care | 1. Deterioration in emergency performance 2. Increased ambulance handover times 3. Deterioration in elective performance 4. Increased waiting times for cancer diagnosis and treatment 5. Services are unable to provide the safest possible care 6. Effectiveness of care provided is below the expected standards 7. Experience of care provided is below expected standards | Jon Melbourne, COO | Operational & Performance Committee | 02-OPC | 1 (UEC) | Action plan (LC) covering flow in, flow through and flow out of the Trust with oversight through UEC Steering Group, reporting into Executive Finance and Performance Board and the Operational Performance Committee | Progress against UEC action plan monitored through UEC Board, UEC steering group and Acute Care Collaborative | Almost certain (5) x Major (4) = 20 | | Implement single action plan (covering workforce, ambulance handover's, pre-transfer hub, rapid flow, UEC, external reviews) (COO: Q4 2022/2023) | Almost certain (5) x Moderate (3) = 15 | Possible (3) x Moderate (3) = 9 | |
| | | | | | | 02-OPC | 2 (UEC) | Adherence to UHL Rapid Flow Policy (LC) | UHL Performance Metrics (2a. - weekly ambulance handover, 2b. emergency scorecard, FFT) | | Implement cohorting facility to support a reduction of POA in excess of 120 mins (COO: Jan 2023) Process and Capacity Planning (including UTC availability and beds in Community) (COO: Q4 2022/23) | | | | |
| | | | | | | 02-OPC | 3 (UEC) | Tactical meetings to monitor performance (LC) | CMG Performance Review meetings | | | | | | |
| | | | | | | 02-OPC | 4 (UEC) | | | | Resource to implement transformation in emergency care pathway(s) (LC) | | | | |
| | | | | | | 02-OPC | 5 (UEC) | | Costing Productivity Methodology Benchmarking e.g. GIRFT including in depth reviews, Model Hospital | | Agreed productivity Improvement Plan and methodology (LC) | | | | |
| | | | | | | 02-OPC | 6 (Elective) | System recovery plan and underpinning workstreams covering the 8 elective care interventions with oversight through the Elective Recovery Committee (LC); Productivity & releasing constraints OP transformation Pathway changes Validation of the waiting List Additional capacity Mutual aid Use of the independent Sector Elective Recovery Fund (ERF) | Waiting List Access Management meetings with UHL Specialities (LC) Weekly Tier 1 elective meeting with NHSE (LC) | | Resource to implement transformation in elective care pathway(s) (LC) Self assessed as Amber against 4 of the 5 'Excellence in the Fundamentals of Waiting List Management' 78 week trajectories growing (LC) | Implement action plans for the 8 elective care interventions (COO: Q3 2022/23) Increase UHL Capacity (through mutual aid and independent sector to support 78 week position (COO: Q3 2022/23) | | | |
| | | | | | | 02-OPC | 7 (both) | Winter Plan (LC) | Winter Plan (Paper Q presented to Trust Board 6.10.22). | | Bedded capacity - worst case scenario circa 250 bed gap (LC) | Maximise UHL Productivity (through demand and capacity modelling with Edge) (COO: Q3 2022/23) Medium term - Evaluation of modular capacity to bridge gap between current position and the Trust Reconfiguration Strategy (COO: Review Oct 2023) Long Term - Reconfiguration Programme to address bedded capacity (COO: long term 3+ years) | | | |
| 03-FIC | Material misstatements in the Trust's restated 2019/20 balance sheet, with implications for audit opinion on 2020/21 and future accounts | Unable to progress to next level of Audit Opinion | 1. Continuation of Regulatory Support Programme (RSP) with NHSE&I oversight and scrutiny 2. Unable to operate with autonomy 3. In breach of a Statutory Duty 4. Unable to rely on financial information to make decisions 5. Inappropriate control environment for financial reporting | Lorraine Hooper - CFO | Finance Investment Committee & Audit Committee | 03-FIC | 1 | RSP Exit Roadmap (LC) | RSP Exit Roadmap Monthly RSP Exit Assurance Report to EFPB, FIC & TB NHSE/I Oversight meetings NHSE&I Intensive Support Team 2019/20 financial accounts approved at the March 2022 Trust Board & 2020/21 financial accounts approved at September Trust Board Fixed Asset Register | Possible (3) x Major (4) = 12 | | | Unlikely (2) x Major (4) = 8 | Extreme unlikely (1) x Major (4) = 4 | Complete Audit findings impact assessment (CFO: end Sept 22) - Complete (Paper G to 31.10.2022 Audit Committee) - completed Present Audit findings action plan to Oct 22 Audit Committee (CFO: Oct 22) - Complete (Paper H to 31.10.2022 Audit Committee) - completed |
| | | | | | | 03-FIC | 2 | Weekly updates and progress monitoring of audit with external audit, chair of Audit Committee and CFO (LC) | Bi-monthly updates to Audit Committee | | | | | | |
| | | | | | | 03-FIC | 3 | Journal Review Process (LC) | Deloitte and Internal Audit Review of Journals | | | | | | |
| | | | | | | 03-FIC | 4 | Financial Improvement Plan inc all outstanding External Audit Management Recommendations overseen by the Financial Improvement Board (LC) | Bi-monthly Financial Improvement Plan (2020/21 & 2021/22 Accounts) paper to Audit Committee | | Clean Head of Internal Audit Opinion (rated Good or better) (A) 92 outstanding actions on the Financial Improvement Plan | Trust Board approve audited 2021/22 Accounts (CFO: Feb 2023) | | | |
| 04-FIC | Culture of weak financial management, governance with longer term planning not yet embedded | Finance team not engaged with organisation, or undertaking roles in line with process or expectations | 1. In breach of a Statutory Duty 2. Continuation of Regulatory Support Programme (RSP) with NHSE&I oversight and scrutiny 3. Unable to operate with autonomy 4. Unable to accurately report Trust finances 5. Unable to make appropriate financial decisions 6. Deterioration in financial performance | Lorraine Hooper - CFO | Finance Investment Committee | 04-FIC | | 1. RSP Exit Roadmap (LC) 2. Finance Team restructure including investment, new roles, training & development (LC) 3. Finance KPIs in place and reported quarterly to FIC (LC) 4. Monthly finance team engagement events led by CFO (LC) 5. Monthly reporting of Grip & Control KPI data for workforce, financial services, financial management, procurement, transformation and executive responsibilities (LC) | 1. 9/5/2022: Audit Committee sign off of completed Grip & Control Checklist completed: monitoring of KPIs embedded in business as usual 2. Achieved Level 1: Towards Excellence Accreditation (self assessment) 3. 22/3/2022: NHSE/I Oversight meeting (position statement) 4. Monthly RSP Exit Assurance Report to EFPB, FIC & TB 5. NHSE&I Intensive Support Team | Possible (3) x Major (4) = 12 | 1. Planning processes (LC) 2. Level 2: Towards Excellence Accreditation (peer review) (A) | 1. Further improvement to planning and decision making processes with a view to longer term planning across the CMGs (DCE: March 2023) 2. Progress Level 2 Towards Excellence Accreditation (CFO: March 2023) | Unlikely (2) x Major (4) = 8 | Extreme unlikely (1) x Major (4) = 4 | |
| 05-FIC | Lack of financial grip and control, governance and financial processes | Financial transactions not carried out in accordance with the law and with Government policy and accounting standards. Lack of clarity over the financial position and plan | 1. Unable to accurately report (in year and year end) 2. Inability to make appropriate financial decisions and take actions to ensure financial sustainability 3. Continuation of Regulatory Support Programme (RSP) with NHSE&I oversight and scrutiny 4. Unable to operate with autonomy | Lorraine Hooper - CFO | Finance Investment Committee | 05-FIC | 1 | RSP Exit Roadmap (LC) | RSP Exit Roadmap Financial Grip & Control checklist Monthly RSP Exit Assurance Report to EFPB, FIC & TB NHSE/I Oversight meetings NHSE&I Intensive Support Team | Unlikely (2) x Major (4) = 8 | | | Unlikely (2) x Major (4) = 8 | Extreme unlikely (1) x Major (4) = 4 | |
| | | | | | | 05-FIC | 2 | Grip & Control Checklist (LC) | Grip & Control Checklist: Paper I presented to 9.4.22 Audit Committee | | | | | | |
| | | | | | | 05-FIC | 3 | Refreshed Board Assurance Framework (LC) | Agreed Board Assurance Framework for 2022/23 | | | | | | |
| | | | | | | 05-FIC | 4 | Financial risk reporting to FIC (LC) | Monthly Financial Forecast and Risk Management paper to FIC | | | | | | |
| | | | | | | 05-FIC | 5 | Decision making processes and financial governance in place for new spend decisions (LC) | | | | | | | |

Risk Assurance RAG KEY

| | | |
|---|---|--|
| Not Assured: <ul style="list-style-type: none">Evidence indicates controls are NOT working, AND/ORLack of assurance, AND/ORThe risk has deteriorated AND/ORNegative or high risk 3rd party / independent assurance e.g. Internal or external audit, regulator assessment | Partially assured: <ul style="list-style-type: none">Controls are still maturing – evidence shows that further action is required to improve their effectivenessTimescales for actions are slipping AND/ORLimited / inconclusive assuranceQualified or medium risk 3rd party / independent assurance e.g. Internal or external audit, regulator assessment | Positively assured: <ul style="list-style-type: none">Controls are suitably designed, with evidence of them being consistently applied and effective in practiceNo gaps in controls or assurance ANDGaps in controls and assurance are being addressed to agreed timescalesPositive or low risk 3rd party / independent assurance e.g. Internal or external audit, regulator assessment |
|---|---|--|

| BAF Ref | Risk Cause | Risk Event | Impact | Executive Lead | Committee | BAF Ref | No | Controls (Impact control = IC or Likelihood control = LC) | Assurance | Current risk rating L x I = Current (Likelihood of event occurring x Impact of event) | Gaps in control (LC or IC) Gaps in assurance (A) | Key next steps (to address gaps in controls or assurance) | Tolerable risk rating (L x I) | Target (appetite) risk rating (L x I) | Completed key next steps | | |
|---------|---|--|---|-----------------------|------------------------------|-----------|----|---|--|--|---|---|--|---|---|--|--|
| | | | | | | 05-FIC | 6 | Budget holder training & procurement training (LC) | | | | | | | Present Performance Accountability Framework to Nov 2022 Trust Board (DoCLA: Nov 2022) - completed Approve updated Standing Financial Instructions, Standing Orders and Scheme of Delegation and provide training at Nov 2022 Trust Board (DoCLA: Nov 2022) - completed Present Audit findings action plan to Oct 22 Audit Committee (CFO:Oct 22) - completed Review and close down all outstanding Internal Audit Management Recommendations for sign off at Oct 2022 Audit Committee (DoCLA: Oct 2022) Update: All outstanding finance IA actions captured in the financial improvement plan. All have been reviewed and either superseded, completed or action and / or date revised. Present update to Audit Committee in December 2022 demonstrating all IA actions included in financial improvement programme - Audit Committee, Dec 2022- completed | | |
| | | | | | | 05-FIC | 7 | Performance Accountability Framework (LC) | Performance Accountability Framework updated and approved: Paper F presented at 3.11.22 Trust Board | | | | | | | | |
| | | | | | | 05-FIC | 8 | SFIs and scheme of delegation (LC) | SFIs and Scheme of Delegation updated and approved at TB: Paper G presented at 3.11.22 Trust Board | | | | | | | | |
| | | | | | | 05-FIC | 9 | Financial Improvement Plan inc all outstanding External Audit Management Recommendations (LC) | Bi-monthly Financial Improvement Plan (2020/21 & 2021/22 Accounts) paper to Audit Committee | | 92 outstanding actions on the Financial Improvement Plan | Close the remaining 92 outstaing actions on the Financial Improvement Plan (CFO: end Mar 2023) | | | | | |
| 06-FIC | Insufficient capital funding | Unable to address statutory requirements such as health and safety standards and legislation, and address backlog maintenance requirements (concerning medical equipment, estate and IM&T) | 1. Increase in clinical service incidents and adverse effect on service continuity, productivity and patient and staff experience 2. Infrastructure modernisation programme delayed. | Lorraine Hooper - CFO | Finance Investment Committee | 06-FIC | | 1. Capital Management Investment Committee and supporting sub committee governance structure (LC) 2. Statutory requirements prioritised according to risk and capital allocated accordingly (LC) 3. Medical Equipment Executive (LC) | 1. 27/4/2022: FIC approve the 2022/23 Capital Plan | Almost certain (5) x Major (4) = 20 | 1. Risk assessment of non-prioritised schemes (LC) 2. Capital prioritisation / decision framework (LC) 3. Medium Term Capital Plan (LC) | 1. Develop Capital prioritisation/decision framework and present to EFPB for approval (CFO: end of Dec 2022) 2. Present next iteration of the Medium Term Capital Plan to CiMIC in Dec 2022 & then FIC (CFO: Jan 2023) | Almost certain (5) x Moderate (3) = 15 | Possible (3) x Moderate (3) = 9 | 1. Present interim Medium Term Capital Plan (capturing key capital strategic schemes and digital) to FIC in October 2022 (CFO: end of Oct 2022) - completed | | |
| 07a-FIC | Significant financial challenge over the next 3 years across the LLR system to meet both operational and inflationary pressures and recovery from COVID | Failure to deliver the 2022/23 financial plan | 1. Increased financial challenge in future years 2. Lack of cash to meet ongoing liabilities 3. Continuation of Regulatory Support Programme (RSP) with NHSE&I oversight and scrutiny 4. Unable to operate with autonomy 5. Inability to maintain and develop service to meet future requirements | Lorraine Hooper - CFO | Finance Investment Committee | 07a-FIC | 1 | 2022-23 Financial plan agreed by the Board and System Executive (LC) | System / UHL 2022/23 financial plan and letter outlying risks to delivery of plan submitted to NHSE/I 20/6/2022 System CFOs co-develop risk sharing agreement | Almost certain (5) x Moderate (3) = 15 | 1. Pay costs (forecast growth) (LC) | 1. Enact the forecast protocol as described in paper H to 24.11.22 FIC | Almost certain (5) x Moderate (3) = 15 | Possible (3) x Moderate (3) = 9 | 1. Present actions to reduce the forecast likely deficit to 24.11.22 FIC - completed | | |
| | | | | | | 07a-FIC | 2 | Clear decision making and governance for committing of any spend outside of plan (LC) | | | | | | | | | |
| | | | | | | 07a-FIC | 3 | Clear understanding of risks reported to FIC (LC) | FIC oversight of the development of the risk share agreement | | | | | | | | |
| | | | | | | 07a-FIC | 4 | Month end reporting and forecasting in place to enable early sight of issues (LC) | Monthly Financial Forecast and Risk Management paper to FIC | | | | | | | | |
| | | | | | | 07a-FIC | 5 | Risk share agreement (LC) | Governance in place on the financial plan and risks to delivery internally and with system partners | | | | | | | | |
| | | | | | | 07a-FIC | 6 | Cash Committee (LC) | | | | | | | | | |
| 07b-FIC | Significant financial challenge over the next 3 years across the LLR system to meet both operational and inflationary pressures and recovery from COVID | Failure to deliver the Medium Term Financial Plan (MTFP) | 1. Increased financial challenge in future years 2. Lack of cash to meet ongoing liabilities 3. Continuation of Regulatory Support Programme (RSP) with NHSE&I oversight and scrutiny 4. Unable to operate with autonomy 5. Inability to maintain and develop service to meet future requirements | Lorraine Hooper - CFO | Finance Investment Committee | 07b-FIC | 1 | 2022-23 Financial plan agreed by the Board and System Executive (LC) | System CFOs co-develop risk sharing agreement | Likely (4) x Major (4) = 16 | Long term transformation and efficiency programme (LC) MTFP (LC) Aligned Trust and enabling strategies (e.g. workforce, estates, etc) (LC) Framework for health inequalities including resource requirements (LC) | Present detailed look at years 1 and 2 of MTFP to Trust Board Development scheduled in January 2023 | Possible (3) x Major (4) = 12 | Unlikely (2) x Major (4) = 8 | 1. Full financial forecast risks and mitigations to FIC and ICS (CFO: end Sept. 2022) - (Paper E to 30.6.2022 FIC & Paper F to 27.10.22 FIC) - completed 2. Present detailed look at years 1 and 2 of MTFP to 24.11.22 FIC - (Paper N to 24.11.22 FIC) - completed | | |
| | | | | | | 07b-FIC | 2 | Clear decision making and governance for committing of any spend outside of plan (LC) | | | | | | | | | |
| | | | | | | 07b-FIC | 3 | Clear understanding of risks reported to FIC (LC) | FIC oversight of the development of the risk share agreement | | | | | | | | |
| | | | | | | 07b-FIC | 4 | Month end reporting and forecasting in place to enable early sight of issues (LC) | | | | | | | | | |
| | | | | | | 07b-FIC | 5 | Risk share agreement (LC) | Governance in place on the financial plan and risks to delivery internally and with system partners | | | | | | | | |
| 08-FIC | IT Infrastructure unfit for the future | Unable to provide safe, high quality, modern healthcare services | 1. Delays in diagnosis and treatment 2. Poor patient flow 3. Poor staff and patient experience 4. Potential compromised quality of care 5. Compromised operational performance (inc cancer, planned care, flow and bed capacity) 6. Increased financial challenge in future years | Andy Carruthers - CIO | Finance Investment Committee | 08-FIC | | 1. Digital Clinical leadership (Chief Medical Information Officer, Chief Nurse Information Officer, Chief Pharmacy Information Officer) (LC) 2. EPR readiness assessment document and process (LC) 3. e-Hospital clinical facilitator team supporting with change and adoption in front line areas (LC) 4. Continuous investment in infrastructure and equipment (as identified in the annual capital plan) (LC) 5. e-Hospital programme board chaired by Medical Director (LC) 6. PAS replacement project board comprising operational expertise (IC) 7. NHSEI frontline digitisation capital funding (£5m) to support EPR progress confirmed for 2022/23 and expected to impact on 2023/24 plans (LC) | Internal: 1. Stringent readiness assessments and post implementation reviews supported by factual statistics on a project basis (structure established) 2. Project closure reports 3. User experience satisfaction survey External: 4. 2021/22 e-Hospital programme review by Internal Audit 5. NHSEI Frontline Digitisation financial governance & validation process 6. HIMSS EMRAM EPR maturity assessment | Likely (4) x Major (4) = 16 | 1. 2022-23 Capital funding allocation (LC) 2. Adoption & change facilitation in corporate areas (LC) 3. Lack of engagement from a broad range of clinical areas & roles below very senior levels (LC) 4. Failure to retain and recruit staff with specialist IT and business change skills and knowledge to monitor and maintain the service (LC) 5. Quality metrics for user experience (A) 6. Failure of IT service operating model to support incremental and iterative improvement activities (IC) | 1. Develop BI capability to evidence adoption (CIO: Jun 2023) 2. Establish corporate adoption facilitators on a project basis (CIO: Jan 2023) 3. Increase engagement opportunities for clinicians below consultant level and across nursing, midwifery and AHP roles (CIO: Jan 2023) 4. Develop action plan to address the findings from the e-Hospital Internal Audit in line with capital funding allocations (including benefits realisation, change management) (CIO: Mar 2023) 5. Review and enact changes to IT operating model to support future ways of working (CIO: Jun 2023) | Possible (3) x Major (4) = 12 | Possible (3) x Moderate (3) = 9 | 1) Identify additional sources of funding for EPR and infrastructure programmes (CIO: Dec 2022) - complete (Paper E6 to 24.11.22 FIC) - completed | | |
| 09-FIC | Estate Infrastructure unfit for the future | Unable to provide safe, high quality, modern healthcare services | 1. Delays in diagnosis and treatment 2. Poor patient flow 3. Poor staff and patient experience 4. Potential compromised quality of care 5. Compromised operational performance (inc cancer, planned care, flow and bed capacity) 6. Increased financial challenge in future years | Mike Simpson-DEF | Finance Investment Committee | 09-FIC-01 | 1 | Compliance audits across all E&F statutory compliance workstreams (LC) | External Audit Reports covering all E&F statutory compliance workstreams, with actions captured in non-compliance assurance registers | Likely (4) x Major (4) = 16 | Non-compliant with statutory waste management requirements: no audits & assurance in place; lack of awareness / education on waste segregation (A) Areas of non compliance (Amber RAG) on the Turner & Townsend Compliance Audit | Develop Waste Behaviour Framework (DEF: Dec 2022) | Possible (3) x Major (4) = 12 | Possible (3) x Moderate (3) = 9 | Recruited Waste Manager (DEF: Dec 2022) - completed | | |
| | | | | | | 09-FIC | 2 | E&F policies and procedures updated based on outcomes of audits to address shortfalls (LC) | | | | | | | | | |
| | | | | | | 09-FIC | 3 | Capital Management Investment Committee (CMIC) and supporting sub committee governance structure to support prioritisation of capital based on clinical & infrastructure risks (LC) | | | Capital funding (LC) | Develop action plans to address high risk category areas identified through audits concluded in August 2022 (DEF: Dec 2022) | | | | | |
| | | | | | | 09-FIC | 4 | Statutory requirements prioritised according to risk and capital allocated accordingly (LC) | Areas of statutory non compliance captured on the Risk Register inc mitigating actions (A) | | | | | | | | |
| | | | | | | 09-FIC | 5 | Estates and Facilities Governance Group (LC) | Estates Governance | | | | | | | | |
| | | | | | | 09-FIC | 6 | Specialist Technical Groups (including ventilation) (LC) | | | | | | | | | |
| | | | | | | 09-FIC | 7 | Improved training regime implemented in accordance with NHS Estates Code & HTM 00 (LC) | | | | | | | | | |
| | | | | | | 09-FIC | 8 | Authorising Engineers in place to hold Authorised Persons to account on addressing key actions as part of compliance framework (LC) | | | Failure to retain and recruit staff with specialist Estates skills i.e. Authorised Persons (AP) and general trade staff (LC) | | | | | | |
| | | | | | | 09-FIC | 9 | Competent Persons in place to support APs on PPMs and actions of reviews (LC) | | | | | | | | | |
| | | | | | | 09-FIC | 10 | Reconfiguration programme (LC/IC) | None - control inactive | | Delays with reconfiguration programme investment aligned to addressing BLM, CIR (LC) | Await announcement of reconfiguration capital in Q4 2022/23 (DEF: March 2023) | | | | | |
| | | | | | | 09-FIC | 11 | | | | Gaps in Asset Register verification recorded on a Computer Aided Facilities Management Software System (CAFM) (LC) (A) | Reconfigure E&F Computer Aided Facilities Management Software System (CAFM) with compliance linked through to Asset Register verification (DEF: Jan 2023) | | | | | |
| 10-PCC | Failure to recruit, retain, redesign and transform the workforce | Insufficient workforce capacity, capability and lacking diversity | 1. Lack of understanding of the importance and benefits of cognitive diversity in the workforce 2. Inability to attract and retain a diverse and inclusive workforce 3. Workforce that does not represent the diversity of the local population and labour market 4. Lack of diversity in care pathway and service redesign 5. Poor patient experience 6. Poor responsiveness - backlogs and long wait times | Clare Teeney - CPO | People & Culture Committee | 10-PCC | 1 | Transformation of transactional services work programme (aligned to external audit recommendations) overseen by People Services Transformation Collaborative (LC) | External Audits (inc HR and payroll systems & processes, ESR, Bank provision) (IC / LC) | Almost certain (5) x Major (4) = 20 | Develop delivery group programme plans (plans on a page) (CPO: Jan 2023) Internal Audit around recruitment and selection process (to Audit Committee in March 2023) (CPO: Mar 2023) Internal Audit around pre-employment checks (to Audit Committee in March 2023) (CPO: Mar 2023) | Likely (4) x Moderate (3) = 12 | Possible (3) x Moderate (3) = 9 | Establish Transformation Collaborative (CPO: end Oct 2022) - complete (first meeting held 17.10.22) - completed Develop framework inc Delivery Group priorities and sign-off at Transformation Collaborative in October 2022 (CPO: end Oct 2022) - completed Attend Audit Committee in December 2022 to give assurance that our work programme aligns to the external audit reports (CPO: Dec 2022) - completed | | | |
| | | | | | | 10-PCC | 2 | UHL People Strategy (LC) | None - control inactive | | | | | | | | |

Risk Assurance RAG KEY

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|---|---|--|
| Not Assured: <ul style="list-style-type: none">Evidence indicates controls are NOT working, AND/ORLack of assurance, AND/ORThe risk has deteriorated AND/ORNegative or high risk 3rd party / independent assurance e.g. Internal or external audit, regulator assessment | Partially assured: <ul style="list-style-type: none">Controls are still maturing – evidence shows that further action is required to improve their effectivenessTimescales for actions are slipping AND/ORLimited / inconclusive assuranceQualified or medium risk 3rd party / independent assurance e.g. Internal or external audit, regulator assessment | Positively assured: <ul style="list-style-type: none">Controls are suitably designed, with evidence of them being consistently applied and effective in practiceNo gaps in controls or assurance ANDGaps in controls and assurance are being addressed to agreed timescalesPositive or low risk 3rd party / independent assurance e.g. Internal or external audit, regulator assessment |
|---|---|--|

| BAF Ref | Risk Cause | Risk Event | Impact | Executive Lead | Committee | BAF Ref | No | Controls (Impact control = IC or Likelihood control = LC) | Assurance | Current risk rating L x I = Current (Likelihood of event occurring x Impact of event) | Gaps in control (LC or IC) Gaps in assurance (A) | Key next steps (to address gaps in controls or assurance) | Tolerable risk rating (L x I) | Target (appetite) risk rating (L x I) | Completed key next steps |
|---------|------------|------------|---|----------------|-----------|---------|----|---|--|--|---|--|-------------------------------|---------------------------------------|--------------------------|
| | | | 7. Lack of staff morale, high turnover and vacancies 9. A workforce that is burnt out and feels unsupported, undervalued and leaves the Trust 10. Perceived and actual inequality at all levels across the Trust 11. Financial impact through use of premium pay e.g. WLIs, Local allowances, overtime | | | 10-PCC | 3 | Health & wellbeing programme (LC) | Freedom to Speak Up Guardian report to Trust Board quarterly Staff survey results (2021/22) and progress with action plans monitored at PCC AMICA Staff Counselling and Psychological Support Services (A) | | | | | | |

Risk Assurance RAG KEY

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|---|---|--|
| Not Assured: <ul style="list-style-type: none">Evidence indicates controls are NOT working, AND/ORLack of assurance, AND/ORThe risk has deteriorated AND/ORNegative or high risk 3rd party / independent assurance e.g. Internal or external audit, regulator assessment | Partially assured: <ul style="list-style-type: none">Controls are still maturing – evidence shows that further action is required to improve their effectivenessTimescales for actions are slipping AND/ORLimited / inconclusive assuranceQualified or medium risk 3rd party / independent assurance e.g. Internal or external audit, regulator assessment | Positively assured: <ul style="list-style-type: none">Controls are suitably designed, with evidence of them being consistently applied and effective in practiceNo gaps in controls or assurance ANDGaps in controls and assurance are being addressed to agreed timescalesPositive or low risk 3rd party / independent assurance e.g. Internal or external audit, regulator assessment |
|---|---|--|