

<b>Meeting title:</b>	Trust Board (public) <b>Public Trust Board paper T</b>
<b>Date of the meeting:</b>	12 <sup>th</sup> October 2023
<b>Title:</b>	BAF and Risk Management Report
<b>Report presented by:</b>	Becky Cassidy, Director of Corporate & Legal Affairs
<b>Report written by:</b>	Head of Risk Assurance and Transformation Programme Manager
<b>This paper is for:</b>	Decision/Approval <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Update <input type="checkbox"/>
<b>Where this report has been discussed previously</b>	Content has been discussed at Risk Committee and Audit Committee meetings.

<b>To your knowledge, does the report provide assurance or mitigate any significant risks?</b>
The purpose of this report is to provide assurance around the overarching system of risk management and internal control within UHL.

<b>Impact assessment</b>
None

## 1. Purpose of the Report

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

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

## 2. Recommendation

The Trust Board is invited to satisfy itself that the systems and processes in place to manage the strategic risks on the BAF and operational matters on the risk register are working as they should.

The BAF and significant risk register have been reviewed at the Board Committees in September 2023 and the Risk Committee in October 2023 and will be reported to Trust Board quarterly.

## 3. Report detail

### 3.1 The Board Assurance Framework (BAF)

The BAF provides a structure and process for the Trust Board to focus on the strategic risks that might compromise the achievement of the strategic themes and objectives. The BAF summarises the controls management in place to minimise the likelihood or

effect of the strategic risks materialising and the assurances the Trust Board needs to be confident that the controls are operating effectively. Over the last twelve months the content and structure of the BAF has been developed through discussion with the Executive Directors and Non-Executive Directors at TB developments sessions, TB and Board Committee meetings, as well as review of strategic risk themes on the operational risk register. The BAF has been reviewed by internal audit and will continue to be reviewed as part of their Head of Internal Audit Opinion work to ensure it remains relevant and effective for the Trust. The BAF risks are aligned to the agreed strategic themes and will be further refreshed in light of the new Trust strategy.

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

During this period, each monitoring Board Committee has received the BAF, including:

- Quality Committee received strategic risk 1 (relating to quality governance) in July, August and September 2023. Following a CQC review of maternity services a Section 29a Warning Notice has been issued (external assurance) and key next steps have been discussed at the Patient Safety Committee and at Quality Committee.
- Operations and Performance Committee received strategic risk 2 (relating to UEC and elective care) in July, August and September 2023. Discussions around UEC included issues relating to the 12-hour wait, and use of community beds. Discussions around Elective Care included issues with respect to diagnostic services and the impact of industrial action.
- Finance and Investment Committee received strategic risks 6 (insufficient capital funding), 7a (failure to deliver the financial plan reforecast), 7b (failure to deliver the Medium Term Financial Plan), 8 (IT infrastructure unfit for the future) and 9 (estate infrastructure unfit for the future) in July, August and September (meeting held on 2<sup>nd</sup> October) 2023.
- People and Culture Committee received strategic risk 10 (relating to failure to recruit, retain, redesign and transform the workforce) in July and September 2023. Agenda items relating to the risk on the BAF included EDI (WRES and WDES annual report), staff survey, guardian safe working, freedom to speak up, fragile services, and industrial action update.
- Reconfiguration and Transformation Committee received strategic risk 8 (IT infrastructure unfit for the future) in September 2023. The committee noted the updates in the month, including reference to the Patient Administration System (PAS).

### **3.1.1 The main changes on the BAF**

There is an established process to add new risks, remove risks, and alter scores on the BAF, which involves the relevant Board Committee receiving assurance and

escalating to the Trust Board to agree any change. Significant changes and movement on the BAF over the last quarter includes:

- BAF risk 5 (*lack of financial grip and control may result in financial transactions not carried out in accordance with the law and with Government policy and accounting standards*) – FIC in July 2023 agreed to close the risk as it has been treated and any residual risk is picked up through the operational risk register. This was escalated in the FIC Assurance report and approved by the Trust Board in August 2023.

### 3.1.2 The highest strategic risks on the BAF

The highest rated strategic risks on the BAF include:

- BAF risk 1 (*Due to a lack of Quality Governance and Assurance framework, this may result in failure to maintain and improve patient safety, clinical effectiveness and patient experience*) – current rating L5 (almost certain) x I4 (major) = 20;
- BAF risk 2 (*Due to demand overwhelming capacity and delaying access to services, this may result in failure to meet national standards for timely urgent and elective care*) – current rating L5 (almost certain) x I4 (major) = 20;
- BAF risk 6 (*Due to insufficient capital funding, this may result in being unable to address statutory requirements such as health and safety standards and legislation, and address backlog maintenance requirements (concerning medical equipment, estate and IM&T)*) – current rating L5 (almost certain) x I4 (major) = 20;
- BAF risk 7b (*Due to significant financial challenge over 2023/24 and for the future 3 years across the LLR system to meet both operational and inflationary pressures and recovery from COVID, then it may result in failure to deliver the 2023/24 financial plan and achieve long term financial sustainability*) – current rating L5 (almost certain) x I4 (major) = 20.
- BAF risk 10 (*Challenges to recruit, retain, redesign and transform the workforce, may result in insufficient capacity, capability and lacking diversity*) – current rating L5 (almost certain) x I4 (major) = 20.

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

## 3.2 The operational risk register

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

There are 351 risks open on the operational risk register (as at 30 September 2023). There are no risks with a current rating extreme (risk score 25) and there are 129 significant risks with a current rating of 15 and above. A summary of the significant risk register is included in appendix B.

The corporate risk management team continue to monitor risk register performance, (including a summary of open risks by current score, risks with elapsed actions or review dates, the highest scoring risks, new risks and closed risks, the causes of the CMGs risks by theme, any risks open for 2+ years) and provide monthly risk register reports to each CMG Board. Current performance reported to Risk Committee in Oct

2023 was approx. 14% of operational risks have elapsed review / action due dates. The CMG risk register is used at the CMG Quality and Safety Boards (or equivalent) to frame and guide conversations around risk.

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

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

### **3.2.2 Themes on the operational risk register**

Analysis of the risk register shows significant risk themes including:

- Workforce gaps – including recruitment, retention and skill mix of clinical and non-clinical staff groups (across a range of specialties including ED and Specialist Medicine, midwifery, RRCV and CHUGGS). This is reported as a strategic theme on the BAF.
- Patient flow – including managing demand and capacity in our urgent and emergency care services, managing the elective care backlogs, and managing cancer patients. This is reported as a strategic theme on the BAF.
- Estate and environment – including managing ageing infrastructure and climate in our operating theatre environment and ICU infrastructure. Some risks require significant capital investment as part of the New Hospital Programme (reconfiguration). This is reported as a strategic theme on the BAF.
- Equipment and supplies – including managing ageing equipment and addressing IM&T infrastructure works and digital risk. This has been discussed at the Patient Safety Committee and Quality Committee in September and will be escalated to the Trust Board.
- Finances – including lack of capital funding to address backlog maintenance and increased costs. This theme is reported as a strategic risk on the BAF and a Board Development Session is planned for November 2023.
- Analysis of the risk register demonstrates alignment between the themes on the operational risk register and the strategic risks on the BAF.

### **3.3 Risk Committee**

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

Since the last report, the Risk Committee has met in August, September, and October 2023 and escalation reports are written to Audit Committee (including at today's meeting). July's Risk Committee meeting was cancelled due following a decision to change the timings of the Committee, which has now replaced one of the regular Trust Leadership Team meetings each month, leading to improved CMG and Corporate Directorate attendance.

In August, the Risk Committee received seven new significant risks which had been entered on the risk register with a current risk score of 15 and above. All seven new risks were endorsed, however there was further information requested in support of two risks. Risk Assurance reports were presented by CHUGGS, RRCV and CSI CMGs. The August Risk Committee was observed by Internal Audit as part of their governance and risk management review.

In September, the Risk Committee received two new significant risks (with a current risk score of 15 and above) and both risks were endorsed. Risk Assurance reports were presented by ESM, ITAPS and Women's CMGs and by IM&T and Communications & Engagement Directorates. The meeting was quorate and observed by the Chair of Audit Committee.

In October, the Risk Committee received four new significant risks (with a current risk score of 15 and above). Three risks were approved in their current form and one risk around a steam leak was escalated for an urgent review to resolve the risk. Risk Assurance reports were presented by MSS, and Children's CMGs and by Nursing and People Services Directorates. Terms of Reference were reviewed and the meeting was observed by the Chair of Audit Committee.

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

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

BAF Ref	Executive Lead	Committee
01-QC	Andrew Furlong - MD Julie Hogg - CN	Quality Committee
Risk cause		Risk event
Lack of Quality Governance and Assurance framework		Failure to maintain and improve patient safety, clinical effectiveness and patient experience
Impact		

- Increase in avoidable harm & serious incidents including never events
- Mortality rate worse than expected
- Deteriorating patient survey and FFT recommendation
- Removal of accreditations - HTA, JAG, UKCAS
- Patients suffer avoidable harm as a result of an outbreak of nosocomial infection
- The trust is unable to provide services to the local population because of closure
- Reputational deterioration affecting patient choice
- Regulatory intervention

No	Controls (Impact control = IC or Likelihood control = LC)	Sources of assurance (3rd party / independent or internal assurance)	Current assurance rating RAG	Current risk rating L x I = Current (Likelihood of event occurring x Impact of event)	Sub-committee workplan	Gaps in control (LC or IC) Gaps in assurance (A)	Key next steps (to address gaps in controls or assurance)	Tolerable risk rating (L x I)	Target (appetite) risk rating (L x I)
1	Clinical policies, procedures and standards (LC/IC)	Notes of Policies and Guidelines Committee received at EQB (<10% policies and procedures overdue) (Internal Assurance) Ward based Assessment & Accreditation (Internal Assurance) Self assessments e.g. national IP BAF self assessment (Internal Assurance) CQC inspection report (External Assurance) Peer reviews and quality assurance accreditation programmes in specific services. e.g. CNST, JAG, HTA, HSIB, PLACE (External Assurance) Health inequalities report (Internal Assurance) Safeguarding report (Internal Assurance) Infection Prevention report and Assurance Framework (Internal Assurance) Quality and Safety Performance report and dashboard (Internal Assurance) CQC National thematic review of maternity - Section 29a Warning Notice issued - UEC (May 2022) & Maternity (August 2023) (External Assurance) Action plan in response to CQC Warning Notices reported to PSC and QC (Internal Assurance) <b>Emergency Preparedness, Resilience and Response (EPRR) annual report (Internal Assurance)</b>	Amber (Controls are still maturing and evidence is limited / inconclusive)	Almost certain (5) x Major (4) = 20	QC	Concerns about culture and safe staffing in maternity (LC) Approach to policy and procedures is traditional and doesn't support timely access or updating (LC) Lack of electronic and intelligent oversight of the implementation of policies and procedures (LC) <b>Organisational oversight of compliance &amp; peer review programmes (A)</b> <b>Electronic oversight of compliance with safety checks and care process audits (A)</b>	Programme director appointment to lead Maternity and neonatal improvement plan from summer 2023 (CN/MD: Oct 2023) Review of best practice approach to policy and procedure management (CN/MD: November 2023) Internal Audit around policy management framework (to Audit Committee in October 2023) (DCLA: Oct 2023) Review of electronic oversight systems in place (CN/MD: November 2023) <b>Head of Quality Assurance develop response plan to PSC (CN: Oct 2023)</b> <b>Relaunch of Screening Committee (CN/MD: Oct 2023)</b> <b>Procurement of electronic compliance oversight system (CN/MD: Nov 2023)</b>	Possible (3) x Major (4) = 12	Unlikely (2) x Moderate (3) = 6
2	Learning from incidents, complaint investigations and patient deaths (LC)	Patient safety and complaints report to QC (Internal Assurance) Trust Board workshop on PSIRF - 01/12/2022 (Internal Assurance) Local patient safety scorecards reviewed at CMG PRMs (Internal Assurance) Patients on Ambulances and ED long waits harm review (Internal Assurance) Learning from Deaths report (Internal Assurance) Cancer Harms report (Internal Assurance) Doctor Foster Intelligence report (Internal Assurance) Complaints management report to QC (Internal Assurance) Quality & Safety dashboard report to QC (Internal Assurance) Patient Safety Committee monthly report (Internal Assurance)			QC	Readiness to implement new national standards - PSIRF (LC) Concerns about responsiveness and quality of complaints (LC) Assurance process for harm as a result of delayed elective care (industrial action) (LC)	Implementation plan to adopt PSIRF in place and progressing to roll out in October 2023 (CN/MD: Oct 2023) Develop Complaints Strategy for 2024/25 in line with PHSO Complaints Standards (CN: Dec 2023)		
3	Statutory and mandatory training programme (LC)	Statutory and mandatory training programme reported to PCC (Internal Assurance) Statutory and mandatory training performance reported to PSC in Q&S dashboard (Internal Assurance) Statutory and mandatory training performance below the expected compliance rate is driven through PRMs (Internal Assurance)			QC/PCC	Some courses are below the expected compliance rate of 90% (A)			
4	Quality Improvement Methodology (LC)	Participation in National Clinical Audits (Internal Assurance) Clinical Audit Committee (Internal Assurance) National clinical audit data monitored through the monthly CMG PRMs (Internal Assurance) GIRFT reviews (Internal Assurance) Improvement Collaboratives (Internal Assurance)			QC	Quality Improvement methodology is not embedded (LC)	UHL approach to QI is under review (DCE: November 2023)		
5	Quality and Experience strategies plus enabling strategies (LC)	Patient experience surveys (e.g. FFT) (External Assurance) Internal Audit Patient Experience (External Assurance - July 2023 - limited assurance) CQC Insight report (External Assurance) Rapid flow report (Internal Assurance)			QC	Delayed admission and prolonged ED stay creating risk (LC) Lack of patient and carer involvement in Shared Decision Making (IC)	Action plan to improve flow into, through and out of UHL. System working group established (R Briggs) (cross reference to BAF risk 02 OPC) (MD/CN/COO: review Q4 2023/24) Development and roll-out of patient and carer involvement in care via Shared Decision making - delayed pending Head of Patient Experience starting (CN: Oct 2023)		
6	Nurse staffing matched to acuity levels (LC)	Report to Trust Board outlining nurse to patient ratios (Internal Assurance)			QC	Vacancy rate in midwifery and HCSW exceed national average (LC)	Bespoke recruitment and retention plans in place for both staff groups (CN: October 2023).		



BAF Ref	Executive Lead	Committee
02-OPC	Jon Melborne, COO	Operation & Performance Committee
Risk cause	Risk event	
Demand overwhelms capacity and delays access to services	Failure to meet national standards for timely urgent and elective care	
Impact		

1. Deterioration in emergency performance
2. Increased ambulance handover times
3. Deterioration in elective performance
4. Increased waiting times for cancer diagnosis and treatment
5. Services are unable to provide the safest possible care
6. Effectiveness of care provided is below the expected standards
7. Experience of care provided is below expected standards

No	Controls (Impact control = IC or Likelihood control = LC)	Sources of assurance (3rd party / independent or internal assurance)	Current assurance rating RAG	Current risk rating L x I = Current (Likelihood of event occurring x Impact of event)	Sub- committee workplan	Gaps in control (LC or IC) Gaps in assurance (A)	Key next steps (to address gaps in controls or assurance)	Tolerable risk rating (L x I)	Target (appetite) risk rating (L x I)
1 (UEC)	UEC (action) Plan covering flow in, flow through and flow out of the Trust with oversight through UEC Steering Group, reporting into Executive Finance and Performance Board and the Operational Performance Committee (LC)	UEC (Action) Plan monitored through UEC Board, UEC steering group and Acute Care Collaborative (Internal Assurance) UHL Discharge: Programme of Work reporting to Strategic Patient Discharge Group and OPC (Internal Assurance)	Red (Evidence indicated controls are not working and the risk has deteriorated)	Almost certain (5) x Major (4) = 20	OPC	Action plan not fully implemented (LC)	Implement single UEC action plan (covering workforce, ambulance handover's, pre-transfer hub, rapid flow, UEC, external reviews) (COO: Q4 2023/24) Explore options for Urgent and Emergency Care lead provider arrangement (COO: November 2023)	Almost certain (5) x Moderate (3) = 15	Possible (3) x Moderate (3) = 9
4 (UEC)	Transformation support to implement UEC action plan (LC)	Transformation Team work plans with allocated resource to support the implementation of the UEC action plan (Internal Assurance)			OPC				
2 (UEC)	Adherence to UHL Rapid Flow and Boarding Policy's (LC)	UHL Performance Metrics (2a. - weekly ambulance handover, 2b. emergency scorecard, FFT) (Internal Assurance) Rapid Flow Daily Performance Report (Internal Assurance)			OPC				
3 (UEC)	Tactical meetings to monitor performance (LC)	Organisation wide understanding of Trust operational position four times daily reflected in the UHL Capacity Report (Internal Assurance)			OPC		Implement the Operational Pressures Escalation Framework (COO: December 2023)		
6 (Elective)	System recovery plan and underpinning workstreams covering the 8 elective care interventions with oversight through the Elective Recovery Committee (LC): Productivity & releasing constraints OP transformation Pathway changes Validation of the waiting List Additional capacity Mutual aid Use of the independent Sector Elective Recovery Fund (ERF)	Waiting List Access Management meetings with UHL Specialties (Internal Assurance) Weekly Tier 1 elective meeting with NHSE (Internal Assurance) Monthly Theatre Productivity Board (Internal Assurance) Monthly Outpatient Board (Internal Assurance) Internal Audit; Waiting List Management (Internal Assurance: Limited) Industrial Action Plans and Planning Group (Internal Assurance)			OPC	Resource to implement transformation in elective care pathway(s) (LC) Self assessed as Amber against 4 of the 5 'Excellence in the Fundamentals of Waiting List Management' (LC) 78 week trajectory in place does not meet required zero target (LC). Impact of medical industrial action on elective recovery, resulting in reduced elective activity (A)	Increase UHL Capacity (through mutual aid and independent sector to support 78 week position (COO: Q4 2023/24) Implement action plans for the 8 elective care interventions (COO: Q4 2023/24) 65 week forecast being developed to get to zero 65 weeks by March 24 (COO: March 2024)		
7 (both)	Winter Plan (LC)	Winter Plan 2022/23 to Trust Board Oct 2022 (Internal Assurance)			OPC	Winter Plan 2023/24 (LC) Bedded capacity - worst case scenario bed gap (LC)	Approve 2023-24 Winter Plan (COO: October 2023) Implement Winter surge actions (as per the Winter Plan) (COO: March 2024) Short Term - Expand / relocate LRI Discharge Lounge (COO: Oct 2023) Short Term - Extend GPAU (COO: Nov 2023) Medium term - Build 20 bedded modular ward at GH (COO: January February 2024) Medium term - Build two 28 bedded wards at GH (COO: Aug 2024) Long Term - Reconfiguration Programme to address bedded capacity (COO: long term Trust strategy)		



BAF Ref 06-FIC	Executive Lead Lorraine Hooper, CFO	Committee Finance Investment Committee
-------------------	--	---

Risk cause Insufficient capital funding	Risk event Unable to address statutory requirements such as health and safety standards and legislation, and address backlog maintenance requirements (concerning medical equipment, estate and IM&T)
--	--

Impact 1. Increase in clinical service incidents and adverse effect on service continuity, productivity and patient and staff experience 2. Infrastructure modernisation programme delayed.
---

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

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

No	Controls (Impact control = IC or Likelihood control = LC)	Sources of assurance (3rd party / independent or internal assurance)	Current assurance rating RAG	Current risk rating L x I = Current (Likelihood of event occurring x Impact of event)	Sub- committee workplan	Gaps in control (LC or IC) Gaps in assurance (A)	Key next steps (to address gaps in controls or assurance)	Tolerable risk rating (L x I)	Target (appetite) risk rating (L x I)
1	Annual Planning process; alignment of activity, workforce and finance (LC) Financial Recovery Plan (LC)	2023/24 Annual Plan; submitted 4/5/23 (Internal Assurance) Risks to delivering the 2023/24 financial plan inc the potential impact and TB and sub-committee oversight articulated in 2023/24 annual plan (Internal Assurance) Monthly Financial Forecast and Risk Management paper inc reporting of underlying financial position to FIC (Internal Assurance) CMG Performance Review Meetings (PRMs) (Internal Assurance) <b>Oversight of the Financial Recovery Plan via the Financial Sustainability Group (Internal Assurance)</b>  <i>Note: further controls are described and managed as an operational risk on the trust risk register (ref: 3920)</i>	Amber (Controls are still maturing and evidence is limited / inconclusive)	Almost Certain (5) x Major (4) = 20	FIC	LLR/UHL Financial Strategy (LC) Significant financial risk emerging at M2 (LC)	With system partners, develop a financial strategy, as part of a forward plan (CFO: October 2023) Agree planning principles for 2024/25 (CFO: October 2023)	Possible (3) x Major (4) = 12	Unlikely (2) x Major (4) = 8
2	CIP governance framework inc quality impact assessment of all CIP schemes by the Chief Nurse/Medical Director (LC)	Monthly CIP paper to FIC (Internal Assurance)  <i>Note: further controls are described and managed as an operational risk on the trust risk register (ref: 3910)</i>			FIC				
3	Transformation Project Management Office (PMO) (LC)				FIC	Long term transformation and efficiency programme (LC) MTFP (LC) Aligned Trust and enabling strategies (e.g. workforce, digital, estates, etc) (LC) Framework for health inequalities including resource requirements (LC) Transformation Programme reporting inc metrics (A)	Agree and deliver the CIP Transformation Programme for 2023/24 and MTFP (DCE: March 2024) Model the Transformation Programme productivity & efficiency savings (CFO: December 2023)		
4	Investment decision making process (LC)	Investment principles articulated in the 2023/24 Annual Plan; submitted 4/5/23 (Internal Assurance) Process for investment post implementation review (Internal Assurance)			FIC				

BAF Ref		Executive Lead		Committee					
08-FIC		Andy Carruthers, CIO		Finance Investment Committee and Reconfiguration & Transformation Committee					
Risk cause			Risk event						
IT Infrastructure unfit for the future			Unable to provide safe, high quality, modern healthcare services						
Impact									
1. Delays in diagnosis and treatment 2. Poor patient flow 3. Poor staff and patient experience 4. Potential compromised quality of care 5. Compromised operational performance (inc cancer, planned care, flow and bed capacity) 6. Increased financial challenge in future years 7. Failure to realise benefits from EPR implementation 8. Breach in patient data									
No	Controls (Impact control = IC or Likelihood control = LC)	Sources of assurance (3rd party / independent or internal assurance)	Current assurance rating RAG	Current risk rating L x I = Current (Likelihood of event occurring x Impact of event)	Sub- committee workplan	Gaps in control (LC or IC) Gaps in assurance (A)	Key next steps (to address gaps in controls or assurance)	Tolerable risk rating (L x I)	Target (appetite) risk rating (L x I)
1	Digital clinical leadership and engagement: *Chief Medical Information Officer, Chief Nurse Information Officer, Chief Pharmacy Information Officer (LC) *Clinical engagement in the specification of replacement IT functionality e.g. PAS replacement project board comprising clinical and operational expertise (IC) *e-Hospital programme board chaired by Medical Director (LC)	Established structure for project readiness assessment and post implementation review (Internal Assurance) Co-design, testing and piloting of EPR functionality (Internal Assurance) Internal Audit review of e-Hospital programme (External Assurance) Programme and project risk logs with mitigating actions (Internal Assurance)	Amber (Controls are still maturing and evidence is limited / inconclusive)	Likely (4) x Major (4) = 16	RTC	Lack of engagement from a broad range of clinical areas & roles below very senior levels (LC) Failure to sustainably retain and recruit staff with specialist IT and business change skills and knowledge to monitor and maintain the service (LC) Adoption & change facilitation in corporate areas (LC) Lack of ownership of EPR Programme amongst CMGs and operational leadership (IC)	Appoint to clinical digital leadership roles (CIO: Sept 2023) Establish a Digital Champions Network to support the digital agenda (CIO/CCIO: Dec 2023) Broader engagement with CMGs (CIO: Nov 2023) Establish Digital Hospital Steering Committee chaired by the Chief Nurse (CN: Sept 2023)	Possible (3) x Major (4) = 12	Possible (3) x Moderate (3) = 9
2	Operational engagement in Patient Administration System (PAS) replacement specification, comprehensive testing, planning and readiness for implementation (IC) Project and programme leadership expertise with specific experience in PAS replacement activities at large acute trust scale (LC)	Signed scope and specification documents (Internal Assurance) Signed testing outcome reports from a broad range of services and specialist admin and clerical functions (Internal Assurance) Stage gate sign off prior to go live decisions (Internal Assurance) Programme and project risk logs with mitigating actions (Internal Assurance)			RTC	PAS comms plan developed, but not yet fully implemented with effectiveness tested (A) Lack of internal specialist expertise in PAS RTT / waiting list workflow design (LC) Lack of protected time available from key experienced UHL colleagues at scale and across a broad range of services (LC) Insufficient senior capacity to oversee engagement and operational standardisation (LC) Insufficient testing capacity or capability to provide assurance of fitness for go live (LC) Digital training strategy (LC) Positive results from incremental clinical module implementations fail to provide assurance for large scale PAS implementation (A)	Launch of awareness campaign to increase knowledge and ownership of PAS project (CIO: Nov 2023) Appoint dedicated operational PAS lead with UHL process understanding (CIO/COO: Oct 2023) Establish operational digital champions network to support testing, shadow run and communications cascade (CIO: Nov 2023) Identify senior operational owner for the PAS workstream to oversee process standardisation, training and engagement activities (COO: Oct 2023) Increase testing team capacity to support PAS preparatory and implementation readiness activities (CIO: Dec 2023) Explore opportunities for PAS risk sharing across peer trusts (CIO: Nov 2023) Digital training and skills options appraisal (CIO / CPO: Nov 2023)		
3	NHSE Frontline Digitisation Programme procurement framework (LC)	Nerve centre (EPR supplier) on the NHSE Frontline Digitisation Programme procurement framework (External Assurance) Programme and project risk logs with mitigating actions (Internal Assurance)			FIC	No other acute site yet has an EPR contract with Nerve centre (LC) EPR collaborative and sharing activities subject to interest and engagement/capacity of peer trusts (LC) EMRAM Stage 5 accreditation (which is dependent on whole site implementation of core EPR functionality (LC)	Support demonstrations & site visits for peer organisations undergoing procurement activities (CIO: Mar 2024) Establish ongoing plan for EPR collaborative and lead engagement with peer trusts to encourage risk sharing (CIO: Oct 2023) Undertake early HIMMS EMRAM accreditation check to ensure progress is aligned with the HIMMS standard expectations (CIO: Nov 2023)		
4	Continuous investment in infrastructure and equipment (as identified in the annual capital plan) (LC)	NHSEI Frontline Digitisation financial governance & validation process (External Assurance) NHSEI Frontline Digitisation 2022/23 capital funding (£5m) expected to impact on 2023/24 plans (Internal Assurance) Internal Audit advisory review of Cyber – mock phishing campaign (External Assurance) Programme and project risk logs with mitigating actions (Internal Assurance)			FIC	Capital funding allocation (LC) PCs, laptops, iPads, phones and other connected equipment must now be funded through capital rather than leased; significant volumes are reaching the end of their lease agreement (LC) Failure of IT service operating model to support incremental and iterative improvement activities (IC)	Review and enact changes to IT operating model to support future ways of working (CIO: Oct 2023) Hybrid equipment refresh (reduce and rationalise, recycle and redistribute, extended leases and agree standard equipment baselines for clinical areas) to manage investment spike within available capital envelope (CIO: Oct 2023)		
5	Transformation & benefits realisation (LC)	EPR readiness assessment document and process (Internal Assurance) Healthcare Information and Management Systems Society (HIMSS) Electronic Medical Record Adoption Model EPR maturity assessment (Internal Assurance) e-Hospital clinical facilitator team supporting with change and adoption in front line areas (Internal Assurance) User experience satisfaction survey (Internal Assurance) Approach to benefits (Internal Assurance) Programme and project risk logs with mitigating actions (Internal Assurance)			RTC	Lack of clinical and administrative standardisation across specialities (LC) Lack of dedicated transformation resource to facilitate EPR benefits realisation (LC) Lack of dedicated transformation resource to facilitate benefits realisation in corporate areas (LC) Quality metrics for user experience (A) Lack of benefits realisation engagement and operational ownership (LC)	Establish Digital Hospital Steering Committee chaired by the Chief Nurse (CN: Oct 2023) Develop standardisation across clinical specialities and across administrative functions (Digital Hospital Steering Committee): (CIO, Dec 2023) Realise EPR benefits (CIO: Dec 2023) Review transformation resourcing as part of the Trust's new approach to transformation (DCEO: Oct 2023) Develop and implement standardised benefits realisation tools and templates (CIO: Oct 2023) Develop BI capability to evidence adoption (CIO: Oct 2023)		
6	Data and cyber security (IC)	Complete the NHS Digital Maturity Assessment (Internal Assurance) Internal Audit assurance report on data standards & protection toolkit (External Assurance) Programme and project risk logs with mitigating actions (Internal Assurance)			RTC	2023 self assessment against the Data Security & Protection Toolkit and associated improvement plan (LC)	Completion of 2023/24 phase of technical debt remediation project (CIO: Mar 2024) Improvement in information asset ownership register completion to 50% (CIO: Mar 2024)		

BAF Ref		Executive Lead		Committee		Risk event			
09-FIC		Mike Simpson, DEF		Finance Investment Committee		Unable to provide safe, high quality, modern healthcare services			
Risk cause						Risk event			
Estate Infrastructure unfit for the future						Unable to provide safe, high quality, modern healthcare services			
Impact									
1. Delays in diagnosis and treatment 2. Poor patient flow 3. Poor staff and patient experience 4. Potential compromised quality of care 5. Compromised operational performance (inc cancer, planned care, flow and bed capacity) 6. Increased financial challenge in future years									
No	Controls (Impact control = IC or Likelihood control = LC)	Sources of assurance (3rd party / independent or internal assurance)	Current assurance rating RAG	Current risk rating L x I = Current (Likelihood of event occurring x Impact of event)	Sub- committee workplan	Gaps in control (LC or IC) Gaps in assurance (A)	Key next steps (to address gaps in controls or assurance)	Tolerable risk rating (L x I)	Target (appetite) risk rating (L x I)
1	E&F Transitional Plan (Apr 2022 - Apr 2024) (LC)	Funds set aside for the development of a 10-15 year Estates and Facilities Strategy (Internal Assurance) Action Plan in response to the recently published food standards (Internal Assurance)	Amber (Controls are still maturing and evidence is limited / inconclusive)	Likely (4) x Major (4) = 16	FIC	Estates and Facilities Strategy (LC) E&F Development Control Plan (LC) E&F Masterplan (LC) Clarity on the New Hospitals Programme (Reconfiguration) (LC) Exploitation of commercial opportunities (IC)	Develop Estates Strategy including Development Control Plan and Masterplan (DEF: Mar 2024)	Possible (3) x Major (4) = 12	Possible (3) x Moderate (3) = 9
2	Compliance audits across E&F statutory compliance workstreams (LC)	Areas of statutory non compliance captured on the Risk Register inc mitigating actions (Internal Assurance) E&F policies and procedures updated based on outcomes of audits (Internal Assurance) External Audit Reports covering all E&F statutory compliance workstreams, with actions captured in non-compliance assurance registers (External Assurance) Specialist Technical Groups (including ventilation) (Internal Assurance)			FIC	Areas of non compliance (Amber RAG) on the Turner & Townsend Compliance Audit (A) Waste Manager post vacant (LC)	Report progress against Compliance Audit Action Plan to FIC until compliant (DEF: Mar 24) Recruit to vacant Waste Manager Post (DEF: Nov 2023) <b>Undertake reconciliation between CMG operational Risks (captured on the Trust Risk Register) and E&amp;F risks and priorities (DEF: Nov 2023)</b>		
3	Capital programme monitored through Capital Management Investment Committee (CMIC) and supporting sub committee governance structure to support prioritisation of capital based on clinical & infrastructure risks (LC)	Statutory requirements prioritised according to risk and capital allocated accordingly - areas of statutory non compliance captured on the Risk Register inc mitigating actions (Internal Assurance) Sub-Committee second iteration prioritised draft three-year programmes with schemes risk scored and categorised (Internal Assurance)			FIC	Medium Term Capital Plan (LC)	Work with system colleagues to establish key principles and consistency in capital allocation when appropriate (CFO: Dec 2023)		
4	E&F People Plan (LC)	E&F restructure of Senior Management Team; Band 5 and above (Internal Assurance) Organisational Development for E&F Senior Management Team (Internal Assurance) Authorising Engineers in place to hold Authorised Persons to account (Internal Assurance) Competent Persons in place to support APs (Internal Assurance) Restructure of security function and hours with dedicated Local Security Management Specialist oversight (Internal Assurance) Project Search report to PCC (Internal Assurance)			FIC	E&F Organisational Development for bands 5 and upwards cohorts 2+ (LC)	Complete E&F Organisational Development for bands 5 and upwards - cohort 3 (DEF: March 2024)		
5	Review of E&F staff Terms and Conditions (LC)	Responsibility Allowance for Authorised Persons managed through existing budgets (Internal Assurance) Register and training programme for Authorised Persons (Internal Assurance) Recruitment & Retention Premia for Estates Maintenance Technicians managed through existing budgets (Internal Assurance)			FIC	<del>Locums Nest for the E&amp;F Bank (LC)</del>	<del>Implement Locums Nest for E&amp;F Bank (DEF: Sept 2023)</del>		
6	E&F operational systems (LC)	Asset management database (Internal Assurance)			FIC	Gaps in Asset Register verification recorded on a Computer Aided Facilities Management Software System (CAFM) (LC) (A)	Asset Register verification and compliance, led by WT Partnership, recorded on the E&F Computer Aided Facilities Management Software System (CAFM) (DEF: <del>Dec 2023</del> April 2024)		
7	Green Agenda (LC)	Sustainable transport solutions (Internal Assurance) Leicester City Council and UHL Joint Working Group (Internal Assurance) University of Leicester and UHL Joint Working Group (Internal Assurance)			FIC	System Level Plan (IC)	Take additional city centre parking through formal planning (DEC: Mar 2024)		

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

**BAF scoring matrix KEY:**

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

		Impact				
		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

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

**BAF assurance rating KEY:**

**Not Assured:**

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

**Partially assured:**

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

**Positively assured:**

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



	A	B	C	D	E	F
1	Appendix B - Significant risk register report					
2	Risk ID	CMG	Speciality	Risk Description	Current Risk Score	Target Risk Score
3	3769	CMG 3 - ESM	Dermatology	If demand for skin cancer patients' service continues to exceed capacity, caused due to consultant vacancy and SPR gaps, as well as reduced clinical space, then it may result in widespread delays with patient diagnosis or treatment, leading to potential for patient harm and cancer waiting time target breach increasing the potential delays in both diagnosis and treatment.	20	10
4	3077	CMG 3 - ESM	Emergency Department	If there are delays in the availability of in-patient beds leading to overcrowding in the Emergency Department and an inability to accept new patients from ambulances, then it may result in detrimental impact on quality of delivered care and patient safety within the ED leading to potential harm.	20	15
5	3699	CMG 3 - ESM	Emergency Department	If there is no capacity to transfer new patients from ambulances into the Emergency Department, then it may result in significant delays with patient assessment, diagnosis and treatment, leading to potential harm	20	12
6	3475	CMG 4 - ITAPS	Theatres	If there is no effective refurbishment 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	10
7	3023	CMG 7 - Women's	Maternity	If the split site Maternity configuration strategy is not enacted, then it may result in a detrimental impact on safety & effectiveness of Maternity services at the LGH site leading to potential harm	20	6
8	3093	CMG 7 - Women's	Maternity	If there is insufficient Midwifery establishment to achieve the recommended Midwife to Birth ratio, in view of increased clinical acuity, then it may result in patient care being delayed leading to potential harm with an increase in maternal and fetal morbidity and mortality rates	20	6
9	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
10	3695	Estates and Facilities	Estates Management and Maintenance Service	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
11	3987	Estates and Facilities	Estates Management and Maintenance Service	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
12	4045	Estates and Facilities	Estates Management and Maintenance Service	If the Trust does not have the required competent mechanical engineers (Pressure and Steam) to safely manage and maintain existing Pressure Systems (including Steam Boilers at LRI and LGH) then this may result in interruption / disruption to critical business functions for a period outside of current BCP timescales leading to severe harm and service disruption	20	10
13	3910	Transformation		If the Trust does not meet its CIP target, then it may result in the Trust not achieving the annual financial plan, leading to a financial impact of £1m-5m per annum	20	12
14	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, poor staff experience, adverse reputation and litigation cases.	20	6
15	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
16	3843	CMG 1 - CHUGGS		If the correct admin processes are not followed in CHUGGS CMG including Gatro 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
17	3727	CMG 1 - CHUGGS	Haematology	If additional capacity and space cannot be identified to meet the increasing demand on Osborne Day Case services, caused due to Covid-19 space requirements, and need to support SACT and specialist services out of Osborne, then this may result in delayed treatment for patients with curative or highly treatable cancers, leading to potential patient harm, adverse reputation and financial impact	20	12
18	3333	CMG 1 - CHUGGS	Oncology	If staffing levels in Oncology service remains below clinic capacity, then it may result in significant delay with patients receiving their first appointments, leading to potential adverse impact on their outcomes and longevity.	20	4
19	1149	CMG 1 - CHUGGS	Oncology	If demand for cancer patients' service exceeds capacity, then it may result in widespread delays with patient diagnosis or treatment, leading to potential for patient harm and waiting time target breach	20	9
20	3258	CMG 1 - CHUGGS	Radiotherapy	If the radiotherapy service is 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, adversely affecting their outcomes	20	3
21	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, including impacting on ITU capacity and end elective care admissions	20	8
22	3892	CMG 2 - RRCV		If there is a lack of beds at Glenfield hospital to meet the expected demand for Winter for patients requiring emergency respiratory & cardiology care, then it may result in a safety event to those patients who are displaced to elective care beds at the LRI, leading to potential patient harm, admission pressures at the LRI, significant number of elective cancellations and further increase in patient waiting lists	20	12
23	4050	CMG 2 - RRCV		If there are insufficient Transplant surgeons to meet current demand for transplantation of deceased cadaveric and living related donor kidneys, then it may result in delays to care or missed opportunities, leading to potential for harm.	20	6
24	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
25	4055	CMG 2 - RRCV		If we do not have enough Vascular Consultants to deliver Direct Clinical Care, then it may result in delays with patient diagnosis and/or treatment, leading to patient harm	20	8
26	4118	CMG 2 - RRCV		If the Cardiology service are unable to meet the increased demand for elective pacemaker box changes in response to the compliance required for a Field Safety Notice (issued from Abbott) then this may result in a delay to patients awaiting their procedures within clinically indicated timescales leading to the potential for patient harm/death, substantial service disruption and potential litigation.	20	8
27	4147	CMG 2 - RRCV		Due to an inconsistent pathway management process to register, review, manage and list TAVI patients awaiting structural procedures in Cardiology, this may result in avoidable patient safety incidents, leading to major harm	20	4
28	3906	CMG 2 - RRCV	Clinical Decisions Unit (CDU)	If there is insufficient capacity in CDU to meet Cardiorespiratory demand, then it may result in time to triage delays, leading to potential patient harm with the inability to transfer patients requiring Cardio-Respiratory support to the Glenfield site and treat patients in a safe and timely manner	20	12
29	4125	CMG 2 - RRCV	Respiratory Medicine	If clinical and administrative staffing in the Severe Asthma Service is not expanded to meet the increasing patient caseload, then it may result in delay in patients being assessed, diagnosed and treated, including inability to deliver injectable biologic medication, as per the NHSE specialist service specification, leading to increased patient harm	20	8
30	3202	CMG 3 - ESM	Emergency Department	If there are shortfalls or gaps in medical staffing of the Emergency Department, including EDU, then it may result in widespread delays in patients being seen and treated leading to potential harm.	20	8
31	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
32	3113	CMG 4 - ITAPS	Critical Care	If the infrastructure in the LRI ICU 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	5
33	3714	CMG 5 - MSK and SS	Maxillofacial	If the Max Fax's H&N Consultant Posts cannot be recruited into to meet service demand, then it may result in delayed Cancer Patient Pathways and Treatment, leading to potential harm (failing to achieve Head & Neck 2WW 14 Day appointments for patients and 62 Day Cancer Breaches), adverse reputation, service disruption and financial loss.	20	6
34	3817	CMG 6 - CSI	Pharmacy	If the pharmacy service (inclusive of clinical trials) is under-established and / or unable to recruit & retain adequate staff (in either individual teams or across multiple parts of the service) then this may result in the service being unable to maintain current and future workload requirements and meet emerging service development opportunities leading to potential for significant service disruption, patient harm and adverse reputation	20	8
35	4003	CMG 7 - Children's	Paediatrics (General)	If there is a shortfall in Specialist Paediatric Oncology and Haematology Pharmacists provision to manage service demands for teenagers, children and young adults, then it may result in delay to deliver timely chemotherapy in accordance with the patient's treatment protocol, leading to patient harm, failed compliance with Children's service specification (November 2021), quality standard peer reviews, and underperformance of the shared care regional responsibility	20	4
36	3861	CMG 7 - Children's	Paediatrics (General)	If clinical staffing levels in the general respiratory paediatric service are not increased to meet the high levels of demand, then it may result in delays in diagnosis and treatment for new referrals and follow-up appointments, leading to potential harm, adverse reputation and service impacts	20	8
37	4044	CMG 7 - Children's	Paediatrics (General)	If nurse to patient ratios in the children's hospital exceed the RCN/NHS safe staffing guidelines for all patients nursed as a children's inpatient during periods of high activity, then it may result in an event that threatens the safety of children, leading to major patient harm	20	9
38	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	4
39	3981	Estates and Facilities	Estates Management and Maintenance Service	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
40	4095	Finance and Procurement		If UHL fail to deliver the 2023/24 financial plan, then it may result in increased scrutiny from the regulator and impair the ability of the Trust to exit the Recovery Support Programme, leading to adverse reputation	20	12
41	4096	Finance and Procurement		If insufficient capital funding is available, then it may result in the Trust being unable to address statutory requirements such as health and safety standards / legislation or address backlog maintenance requirements, leading to an increase in clinical service incidents and adverse effect on service continuity, productivity and patient and staff experience	20	12
42	4009	Operations (Corporate)		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
43	3996	Operations (Corporate)		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
44	3123	Operations (Corporate)	Emergency planning and Business Continuity	If the Trust was to experience a lack of staff availability caused by industrial action, adverse weather conditions, disruptions to local or national transport infrastructure or mass resignation, then it may result in widespread delays with patient diagnosis or treatment, leading to potential patient harm and service disruptions.	20	12
45	4023	Operations (Corporate)	Discharge Team	If the Trust is unable to fully comply with the NICE quality standards relating to Safe and Timely Discharge/ Transfer of Care, then it may result in an event that threatens the safety of patients, leading to potential harm from delays in their readmission / recovery, and poor patient experience	20	12
46	3260	CMG 1 - CHUGGS	General Surgery	If medical patients are routinely outlited into the Surgical Assessment Unit at LRI along with surgical admissions and triage, then it may result in widespread delays with surgical patients not being seen in a timely manner therefore not getting pain relief or appropriate treatment in the right place, leading to potential for patient harm and impact on surgical flow.	16	6
47	2264	CMG 1 - CHUGGS	General Surgery	If an effective solution for the nurse staffing shortages in CHUGGS at LGH and LRI is not found, then it may result in detrimental impact on safety & effectiveness of patient care delivered, leading to potential for patient harm.	16	6
48	3999	CMG 1 - CHUGGS	Palliative Care	If health and social care practitioners providing palliative or end of life care do not have full and up to date access to clinical information including advance care planning, records of treatments and specialist palliative care assessments and management, then it may result in an event that threatens the safety of patients, leading to potential patient harm, adverse reputation and non-compliance with NICE recommendations	16	6

	A	B	C	D	E	F
49	4000	CMG 1 - CHUGGS	Palliative Care	If there is no tailored education programme for UHL staff to deliver palliative or end of life care, then it may result in patients not receiving the physical, psychological, spiritual or social care that they require, leading to potential harm, adverse reputation and as part of the palliative or end of life care and non-compliance with NICE guidance in this area (QS13, NG142, NG31, NG150, QS144 and CG140)	16	6
50	3919	CMG 1 - CHUGGS	Palliative Care	If the processes and practices relating to the prescription and administration of controlled drugs and other medications needed for symptom control in a palliative care context are not improved then this may result in an under-dosing or overdosing medication incident leading to major patient harm, adverse reputation and service disruption	16	8
51	3350	CMG 1 - CHUGGS	Radiotherapy	If staffing levels are not increased within the radiographic workforce of the radiotherapy department during times of peak activity, then it may result in widespread delays with patient diagnosis or treatment, leading to potential patient harm	16	4
52	4119	CMG 1 - CHUGGS	Urology	If Consultant staffing levels in Urology service remains below capacity, then it may result in significant delay with patients receiving new and follow-up appointments, leading to potential patient harm	16	8
53	4121	CMG 2 - RRCV		If the Peterborough community Renal team are unable to recruit and retain staff due to sickness and vacancies, then it may result in delays with patient treatment, leading to patient harm	16	8
54	4086	CMG 2 - RRCV		If Ward 23 annex bathroom/toilet facilities for patients are not upgraded, then it may result in an increased risk of hospital acquired infection outbreak, leading to patient harm	16	6
55	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 patient harm and adverse reputation	16	8
56	3751	CMG 2 - RRCV		If capacity is not increased in RRCV specialities 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 patient harm and breach against delivery of national targets	16	4
57	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
58	3832	CMG 2 - RRCV	Haemodialysis Units (Including Satellite Units)	If the Dialysis Units are unable to meet the increased demand on its services (due to an increase in haemodialysis activity as a result of patient's delaying the start of their dialysis and a reduction of transplant activity last year during the COVID 19 pandemic), then this may result in extended waiting times for patients requiring dialysis, leading to patient harm, deterioration in patient conditions, service disruption and adverse reputation	16	3
59	3309	CMG 2 - RRCV	Haemodialysis Units (Including Satellite Units)	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
60	3014	CMG 2 - RRCV	Renal Transplant	If there is no fit for purpose Renal Proton Clinical System to collect all information required for reimbursement of dialysis, then it may result in poor impact on the patient experience poor leading to reputational impact	16	9
61	3697	CMG 3 - ESM	Emergency Department	If there is no suitably trained and competent transfer team to transfer an unstable patient for Emergency Care who is not requiring mechanical ventilation, then it may result in delays to time-critical definitive patient management, leading to potential for harm, adverse reputation and financial impact	16	4
62	3855	CMG 3 - ESM	Emergency Department	If Children attending the Emergency Department (ED) are not visually assessed by a doctor or nurse immediately upon arrival with clinical assessment undertaken within 15 minutes to determine priority category, caused due to significant staffing vacancies and lack of assessment rooms, then it may result in delays in diagnosis and treatment within standard timeframe's leading to potential for major harm as children are at greater risk than adults for early deterioration due to their non-specific features of illness and ability to verbalise concerns	16	12
63	3797	CMG 3 - ESM	Emergency Department	If there are high levels of registered nurse vacancies within the Children's Emergency Department at the Leicester Royal Infirmary, caused due to difficulty recruiting and poor retention of nursing staff within these areas, then this may result in an incident that threatens the safety of patients and staff, leading to potential harm (widespread delays in assessment and in initial treatment/care and staff burnout), adverse reputation, service disruption and financial loss.	16	6
64	3882	CMG 3 - ESM	Emergency Department	If the ED are unable to carry out assessments in line with the 15 minutes time to triage standard, caused due to staffing resource and skill mix, then it may result in delay with timely care and treatment, leading to potential patient harm, poor patient experience, psychological staff impact, service disruption and adverse reputation	16	12
65	4010	CMG 3 - ESM	Metabolic Medicine and Endocrinology	If there is under resourcing for the diabetes dietetic team to meet demand at the LGH, then it may result in delays in advice and treatment to patients, leading to service disruption and patient harm	16	6
66	4037	CMG 4 - ITAPS	Theatres	If ITAPS are unable to replace the current theatre IT system ORMIS with Nervecentre imminently, then this may result in the untimely provision of information leading to potential patient harm, reputational damage and financial loss	16	6
67	3119	CMG 4 - ITAPS	Theatres	If there is a deterioration in our theatre staff vacancies and we are unsuccessful in recruiting ODP's to agreed establishment, then it may result in widespread delays with patient treatment leading to potential for patient harm and service disruption	16	8
68	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
69	3773	CMG 5 - MSK and SS	ENT / Otorhinolaryngology	If ENT services are unable to meet current demand and address the backlog of 18 week and 52 week RTT patients (caused due to the COVID 19 pandemic) then this may result in delays in patient diagnosis and treatment leading to potential harm to patients on the 2WW pathway, significant service disruption, adverse reputation and financial loss	16	6
70	3341	CMG 5 - MSK and SS	Trauma Orthopaedics	If there is a lack of theatre time and lack of acknowledgement of urgency for getting NoF patients operated on, then it may result in widespread delays with patient treatment, leading to harm (mortality and morbidity) with patient outcome compromised the longer they await theatre.	16	8
71	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
72	3717	CMG 6 - CSI	Imaging - Plain Films	If the availability of qualified radiographic and sonography staff is limited to meet increasing service demand, then it may result in delays with patient treatment, leading to potential harm and service disruption	16	12
73	3880	CMG 7 - Children's	EMCHC/Critical Care/ECMO	If Paediatrics are unable to recruit an Electrophysiology Consultant to UHL, then it may result in delay with treatment in a timely manner, leading to potential critical harm, adverse reputation and breach of waiting list targets, service disruption and financial impact	16	6
74	3935	CMG 7 - W&C	Centre Neonatal Transport Service	If the support provision provided by the St John's Ambulance service to the East Midlands Critical Care Transport Services (CenTre, CoMET and ECMO) is not reliable and of high quality then this may result in delays in treatment and timely transfers of patients requiring specialist treatment leading to potential for major patient harm, adverse reputation and financial loss.	16	8
75	3788	CMG 7 - Women's	Clinical Genetics	If UHL does not effectively embed genomics testing into its clinical pathways (to enable genomic data to inform treatment choices), then it may result in delays with patient diagnosis and clinical care being compromised, leading to the potential for major patient harm, service disruption, adverse reputation and financial loss	16	6
76	3782	CMG 7 - Women's	Maternity	If there is a delay in converting to electronic records in maternity service and they continue to have numerous platforms for documenting care, then it may result in an incident around timely access to clinical information that threatens the safety of patients, leading to potential for harm and adverse impact on reputation.	16	12
77	3918	CMG 7 - Women's	Maternity	If the UHL Maternity service continue to roll out continuity of care (COC) pathways to meet trajectories set out by NHS England, when the midwifery staffing establishment is below the Birth rate plus recommendations then it may result in a safety event with women receiving less than the optimum standard of care leading to potential patient harm, significant service disruption, adverse reputation and financial loss	16	8
78	3528	CMG 7 - Women's	Maternity	If the second theatre Room in delivery suite at the LGH, known as Room 2, is used routinely, then it may result in an increased risk of Healthcare associated infections and safety issues within the environment, leading to potential patient & staff harm	16	4
79	4089	CMG 7 - Women's	Maternity	Due to the lack of an adequate 24/7 telephone triage process to determine the clinical urgency for Women with unexpected problems or concerns in maternity services, then it may result in significant delays with prompt assessment, leading to adverse maternal or neonatal outcomes.	16	6
80	4111	CMG 7 - Women's	Neonatology	If the level of funded Advanced Specialist Pharmacist resource available to the neonatal service remains below recommended threshold level, then it may result in delays with patient treatment and discharge, leading to short- and medium-term patient harm	16	6
81	3565	CMG 7 - Women's	Neonatology	If multiple pieces of equipment on the neonatal unit, fail or become unusable at the same time, caused by a lack of a rolling replacement program, then it may result in detrimental impact on patient safety and quality, leading to potential for harm, reputational, financial and regulatory consequences	16	4
82	3566	CMG 7 - Women's	Neonatology	If there is an insufficient provision of Allied Health Professional (AHP) support within the neonatal service caused by lack of funded establishment and volume of practitioners available, then it may result in a detrimental impact upon patient care, quality of service and reputation of the neonatal service and the Trust.	16	3
83	3558	CMG 7 - Children's	Paediatrics (General)	If paediatric neurology is unable to secure cover for current consultant vacancy and cover long term sickness of specialist nurse, then it may result in widespread delays with patient diagnosis and treatment, resulting in patient harm and substantial service disruption.	16	8
84	3647	CMG 7 - Children's	Paediatrics (General)	If the medical staffing issues within the Paediatric Rheumatology Service can't be resolved then it may result in delayed patient diagnosis and treatment (due to increased waiting times) leading to potential patient harm and service disruption	16	1
85	3585	CMG 7 - Children's	Paediatrics (General)	If HDU provision within Leicester Children's Hospital continues to be inadequate for children requiring higher levels of care, then it may result in poor quality of care, flow, and patient harm.	16	8
86	3904	CMG 7 - Children's	Paediatrics (General)	If the Central England Primary Ciliary Dyskinesia management service based at UHL is unable to address its predicted insufficient workforce capacity (due to forthcoming vacancies), then this may result in delays in performing regular clinical reviews and the safe management of patient's with this rare hereditary disorder, leading to potential for irreversible patient harm, service disruption and adverse reputation with the inability of the service to meet national requirements as specified by NHS England	16	4
87	3842	CMG 7 - Children's	Paediatrics (General)	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
88	3936	CMG 7 - Children's	Paediatrics (General)	If we fail to address the shortfall in Medical cover in the General Paediatric service to the establishment required to meet increased clinical demand and compliance with clinic / referral waiting times, then this may result in a systematic failure to provide an acceptable standard of safe service, leading to the potential for major patient harm, significant service disruption, adverse reputation and financial loss	16	8
89	4083	CMG 7 - Children's	Paediatrics (General)	If the current Immunology Consultant establishment is below the required level to meet the service requirements, due to staff relocating and shortages nationally and internationally, then it may result in the service in Leicester being non-viable, leading to delays in diagnosis and management of patients	16	6
90	4149	Corporate Medical		Due to a lack of investment to procure replacement, and maintain existing, medical equipment, then it may result in equipment failure and a prolonged downtime to the continuity of core clinical services across the Trust, leading to patient harm	16	8
91	4071	Information Management and Technology		If the Xcellera application is incompatible with the security updates provided by Microsoft, then it may result in cyber security breach, leading to service disruption	16	2
92	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
93	4068	Corporate Nursing	Patient Safety and Risk	If workforce resource is not appropriately funded for implementation of the Patient Safety Incident Response Framework (PSIRF) then it may result in failure to achieve compliance with national contract obligations leading to financial impact	16	8
94	4076	Corporate Nursing	Tissue Viability Team	If monitoring systems to support early assessment of patients skin to identify pressure damage are not effective, in line with Nice Quality Standard 89, then this may result in pressure ulcer incident's occurring whilst in hospital, leading to potential patient harm, poor experience	16	6
95	3872	Research and Innovation		If capacity in the clinical trials pharmacy aseptic laboratory is not enhanced (including to specific patient groups including cancer and renal), then it may result in delays to safe and timely preparation of the most modern advanced therapies, leading to potential harm, loss of reputation as a centre of excellence and research active Trust and loss of commercial income	16	12
96	4018	CMG 1 - CHUGGS	Endoscopy	If the Endoscopy Service admin team is under establishment, then it may result in delays in diagnosis and treatment for patients on the endoscopy waiting list, leading to potential harm	15	2
97	4080	CMG 1 - CHUGGS	Haematology	As a result of the staffing levels in UHL Anticoagulation team being below establishment due to vacancy and retirement there is a risk of service disruption to the UHL Anticoagulation service leading to potential patient harm with an increase in morbidities and mortalities associated with poor anticoagulation management.	15	8

	A	B	C	D	E	F
98	3617	CMG 1 - CHUGGS	Palliative Care	If LLR system-wide governance (including policy, paperwork, process, audit and education) is not agreed for use of subcutaneous medications to manage symptoms in adult patients at the end of life, then it may result in delays for symptom control or medications could be administered without an appropriate assessment of reversible causes of deterioration, leading to potential harm to patients.	15	5
99	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
100	4113	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.	15	10
101	3222	CMG 3 - ESM	Emergency Department	If a member of the public is violent or aggressive outside or inside ED receptions/waiting rooms, then it may result in a detrimental impact on health, safety & security of staff, patients and visitors leading to harm	15	10
102	4134	CMG 3 - ESM	Infectious Diseases	If demand for the diabetes foot service continues to exceed workforce capacity, then it may result in widespread delays with patient appointments, leading to the potential for patient harm and waiting time target breaches	15	10
103	3889	CMG 3 - ESM	Metabolic Medicine and Endocrinology	If demand for the diabetes antenatal service continues to exceed capacity, then it may result in widespread delays in patient reviews and treatment, leading to the potential for serious diabetes pregnancy related complications and waiting time target breaches	15	10
104	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
105	3705	CMG 6 - CSI	Pharmacy	If the oncology, haematology and pharmacy clinical services fail to follow documented protocol (guidelines, policies, procedures and mandated standards) relating to both pharmacy and oncology/haematology, then it may result in increased medication errors, leading to potential harm, adverse reputation, service disruption and financial loss	15	5
106	3084	CMG 7 - Women's	Neonatology	If split site Consultant cover of the Neonatal Units at the LRI and LGH is not addressed, then it may result in widespread delays with patient treatment leading to potential harm and withdrawal of the neonatal service from the LGH site impacting significantly the Maternity Service.	15	5
107	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
108	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.	15	10
109	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	15	9
110	3296	Operations (Corporate)	Emergency planning and Business Continuity	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 infection to patients, staff and visitors	15	12
111	4087	Reconfiguration		If the Trust is not awarded the full capital funding required for UHL's 'preferred way forward' by NHSE (the New Hospital Programme - NHP), then it may result in the Reconfiguration programme not being delivered in its entirety to mitigate the clinical risk of working across 3 acute sites, as per public consultation.	15	10
112	4065	CMG 1 - CHUGGS	Dietetics	If Dietetic staffing levels are below establishment to meet increasing demands in to Adult Gastroenterology Medicine, then it may result in widespread delays with patient assessment and treatment, leading to inequitable care and potential for patient harm in this patient group	15	6
113	4057	CMG 2 - RRCV		If Dietetic staffing levels are below establishment to meet increasing inpatient dietetic referral demands, then it may result in inpatient dietetic referrals not being seen within 2 day service standard, leading to potential for patient harm.	15	6
114	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
115	2804	CMG 3 - ESM	Acute Medicine	If the ongoing pressures in medical admissions continue and Specialist Medicine CMG bed base is insufficient with the need to outlie into other specialty/ CMG beds, then it may result in detrimental impact on quality of delivered care and patient safety leading to potential for patient harm	15	12
116	4143	CMG 6 - CSI	Dietetics	If the Dietetic workforce capacity is not in place in the Trust to be able to meet referral demands and ensure safe caseloads, then it may result in delays with treatment in line with the inpatient response times to new referral standard (exceed the standard of 2 days) and the outpatient waiting times to new referral standard (of 6 weeks), leading to patient harm	15	6
117	3605	CMG 6 - CSI	Pathology - Immunology	If staffing levels in the department of Immunology are below the required levels to undertake quality assurance checks on monoclonal serum paraprotein results, then it may result in poor quality of care delivered, leading to potential for patient harm	15	6
118	3860	CMG 6 - CSI	Nuclear Medicine	If the Radiopharmacy service is unable to replace the degrading Air Handling Unit and Laminar Air Flow cabinets then this may result in major service disruption leading to potential harm with delays in patient treatment / diagnosis and loss of reputation from Nuclear Medicine service users and regulatory bodies (MHRA)	15	3
119	3838	CMG 7 - Women's	Neonatology	If the NNU nurse staffing levels fall below the nationally recommended ratio's, then it may result in significant disruption to specialist neonatal care to all babies at LRI and LGH, leading to potential for patient harm, adverse reputation and service disruption.	15	12
120	1367	CMG 7 - Women's	Neonatology	If Demand for Neonatal Services at LRI and LGH exceeds capacity, then it may result in widespread delays with patient treatment and the neonatal service being unable to admit any babies leading to potential harm	15	8
121	3694	CMG 7 - Children's	Paediatrics (General)	If there is a reduction in Paediatric Surgery, Paediatric Urology and Paediatric Orthopaedic services, caused due to Paediatric resources needing to be assigned to support other services within the Trust in response to the Covid-19 pandemic, then it may result in delays in patient treatment and surgery, leading to potential for harm, service disruption and adverse reputation	15	6
122	4115	CMG 7 - Children's	Paediatrics (General)	If Paediatric Dietetic staffing levels are below national standards (NICE, BSPGHAN) and levels to meet new referral and caseload demand, then it may result in delays in patient assessment, treatment and monitoring, leading to potential for patient harm.	15	1
123	2394	Communications	Communications	If there is no service agreement to support the image storage software used for Clinical Photography, then it may result in widespread delays with patient diagnosis or treatment because Clinicians would not be able to view the photographs of their patients leading to potential harm	15	3
124	2166	Corporate and Legal Affairs	Leicester Hospitals Charity and Fundraising	If fundraising plans are not aligned with CMG and corporate Directorate financial plans, then it may result in reduction in planned income, leading to financial impact	15	4
125	3958	Information Management and Technology		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
126	4146	Information Management and Technology		Due to a steam leak in the Windsor Basement, then it may result in disruption to critical telephone extensions on the infrastructure including cardiac arrest calls, leading to delay in patient harm	15	3
127	4072	Information Management and Technology	IM and T Customer Service and Operations	If the IM&T service is not sufficiently resourced with specialist technical consultancy and business engagement capacity, then it may result in delays to delivery of the Trust's digital transformation objectives, leading to significant fragmentation of patient records due to siloed approach and multiple systems proliferated	15	6
128	3960	Information Management and Technology	IM and T Customer Service and Operations	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
129	3955	Information Management and Technology	IM and T Customer Service and Operations	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
130	1693	Operations (Corporate)	Clinical Coding	If clinical coding is not accurate, then it may result in a loss of income resulting in financial impact and loss of Trust reputation	15	4
131	4132	Strategy		If there is a failure of investment from the ICS in some planned schemes requested by UHL, due to challenged financial position with demand for expenditure exceeding the LLR allocation, then it may result in failure of some support services to deliver constitutional standards, leading to patient harm	15	9