

Meeting title:	Trust Board (public) Public Trust Board paper K
Date of the meeting:	13 th April 2023
Title:	BAF and Risk Management Report
Report presented by:	Becky Cassidy, Director of Corporate & Legal Affairs
Report written by:	Head of Risk Assurance and Transformation Programme Manager

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

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

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

Impact assessment

None

1. Purpose of the Report

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

- A copy of the Board Assurance Framework (BAF)
- A summary of the operational risk register including significant risks rated 20

2. Recommendation

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

The BAF and significant risk register will be reported quarterly to Trust Board.

3. Report detail

3.1 The Board Assurance Framework (BAF)

Following feedback from Trust Board and Committee members, and from Internal Audit, about the readability of the BAF, the format has been changed to improve focus on the effectiveness of controls, source and type of assurances and progress with key next steps. The risk description and owner details has been moved to the top banner of the page and each strategic risk on the BAF has been assigned a separate page. In

addition to the change to format, there is also a process to quality assure closed key next steps and save the evidence in a repository for each risk.

The BAF continues to be aligned to the agreed strategic themes and will be further refreshed as the new strategy is developed.

Over the last quarter the Head of Risk Assurance and the Transformation Programme Manager have met 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 reflected in the next iteration of the BAF to the relevant sub-committee for review and scrutiny to ensure key next steps are addressing gaps in control / assurance and that sources of assurance described in committee papers are referenced appropriately in the BAF.

Schedule of BAF reviews since last received by the Trust Board in January 2023:

- Quality Committee in Jan, Feb and March: Strategic risk 1
- Operations and Performance Committee in Jan and Feb (Note: the March meeting was cancelled): strategic risk 2
- Finance and Investment Committee in Jan, Feb and March: Strategic risks 3, 5, 6, 7a, 7b, 8 and 9
- People and Culture Committee in Jan and March: Strategic risk 10

3.1.1 The main changes on the BAF

Important changes and movement on the BAF over the last quarter includes:

- BAF risk 4 (culture of weak financial management, governance with longer term planning not yet embedded):
 - FIC in January 2023 agreed to reduce the current risk score from 12 to 8 (L3 x I4 = 12 to L2 x I4 = 8), remove the risk from the BAF and incorporate the residual risk into the appropriate risk on the operational risk register
 - This course of action was included in the FIC escalation report to Trust Board in February and was subsequently approved.
- BAF risk 7a (failure to deliver the 2022/23 financial plan reforecast):
 - FIC in January 2023 agreed to reduce the current risk score from 15 to 12 (L5 x I3 = 15 to L4 x I3 = 12)
 - This course of action was included in the FIC escalation report to Trust Board in February and was subsequently approved.

3.1.2 The highest strategic risks on the BAF

The highest rated strategic risks on the BAF include:

- BAF risk 1 (As a result of 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 (As a result of 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 (As a result of 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 10 (As a result of failure to recruit, retain, redesign and transform the workforce, this may result in insufficient workforce 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

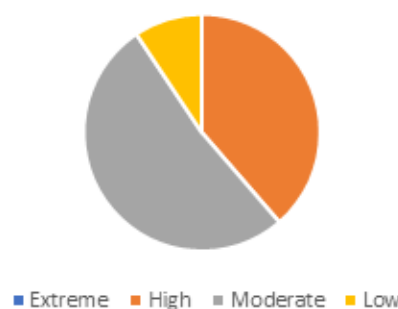
3.2.1 Significant risks (with a current rating of 20 or above)

There are 349 risks open on the operational risk register (as at 31st March 2023). There are no risks with a current rating extreme (current rating 25) and there are 46 risks considered significant risks with a current rating of 20. A copy of the significant risk register is included in appendix B.

The risk committee reviews all new significant risks entered on the Trust's risk register every month. As per the committee workplan, it receives assurance reports from CMGs and corporate directorates to scrutinise, challenge and to take assurance as to how effectively significant risks are being managed and to intervene where necessary to support their management, and to identify risks that should be escalated.

A breakdown of the risks by current score is as follows:

Operational Risk Register by Current Rating



3.2.2 Themes on the operational risk register

Thematic analysis of the risk register tells us:

- The highest risk theme on the risk register relates to gaps in nursing and medical workforce (including in the ED, Specialist Medicine, and midwifery).
- Demand is exceeding capacity in a range of services including emergency pressures in the ED and the CDU, maternity services, and elective care backlog.

- Estate challenges include operating theatre environment and ICU infrastructure.
- Equipment gaps include supply of medical devices, monitored at the MEE.
- Finance pressures include capital funding to address statutory requirements.

The themes on the operational risk register correlate and align with the strategic risks on the BAF.

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 risks 1 and 2	Operations & Performance Committee and Quality Committee	CN, MD, COO
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 3, 5, 6, 7a 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	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		

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

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 (Internal 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)	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)	Maternity culture and staffing improvement programme - empowering voices (CN: review 30/06/2023)	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)			QC	Readiness to implement new national standards - PSIRF (LC) Concerns about responsiveness and quality of complaints (LC)	Develop implementation plan to adopt PSIRF (CN: June 2023) Conduct end to end review of complaints process (deadline extended to incorporate early resolution team project work) (CN: March May 2023)		
3	Statutory and mandatory training programme (LC)	Statutory and mandatory training programme reported to PCC (Internal Assurance)			PCC				
4	Quality Improvement Methodology (LC)	Participation in National Clinical Audits (Internal Assurance) GIRFT reviews (Internal Assurance) Improvement Collaboratives (Internal Assurance)			QC	7 mandatory national clinical audits with issues and 13 national clinical audits completed but not signed off by the CMG (A)	Clinical Audit Committee in March 2023 to agree actions to address the issues with national clinical audits and assurance to be sought via the CMG PRMs (MD: May 2023)		
5	Quality and Experience strategies plus enabling strategies (LC)	Patient experience surveys (e.g. FFT) (External Assurance) CQC Insight report (External Assurance) Rapid flow report (Internal Assurance)			QC	Delayed ambulance handovers and delayed admission creating risk (LC). Lack of patient and carer involvement in Shared Decision Making (IC)	Action plan to improve flow into, through and out of UHL. System working group established (R Briggs) (cross reference to BAF risk 02 OPC) (MD/CN/COO: review March-2023 Q4 2023/24) Development and roll-out of patient and carer involvement in care via Shared Decision making (CN: Aug 2023)		
6	Nurse staffing matched to acuity levels (LC)	Report to Trust Board outlining nurse to patient ratios (Internal Assurance)			QC				

BAF Ref	Executive Lead	Committee
02-OPC	Jon Melborne, COO	Operations & 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)	Progress against 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 2022/2023 2023/24)	Almost certain (5) x Moderate (3) = 15	Possible (3) x Moderate (3) = 9
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				
4 (UEC)	Transformation support to implement UEC action plan (LC)	Transformation Team work plans (Internal Assurance)			OPC	Resource to implement transformation in emergency care pathway(s) (LC)	Undertake review of transformation capacity (COO: Mar 2023)		
4 (UEC)					OPC	UEC Strategy (LC)	UEC Strategy to TB (COO: Mar 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)			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)	Increase UHL Capacity (through mutual aid and independent sector to support 78 week position (COO: Q4 2022/23) Implement action plans for the 8 elective care interventions (COO: Q4 2022/23 2023/24) Internal Audit around Waiting List Management (to Audit Committee / PCC in June 2023) (COO: June 2023)		

BAF Ref	Executive Lead	Committee
03-FIC	Lorraine Hooper, CFO	Finance Investment Committee & Audit Committee
Risk cause		Risk event
Material misstatements in the Trust's restated 2019/20 balance sheet, with implications for audit opinion on 2020/21 and future accounts		Unable to progress to next level of Audit Opinion
Impact		

1. Continuation of Regulatory Support Programme (RSP) with NHSE&I oversight and scrutiny
2. Unable to operate with autonomy
3. In breach of a Statutory Duty
4. Unable to rely on financial information to make decisions
5. Inappropriate control environment for financial reporting

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	Financial Improvement Plan inc all outstanding External Audit Management Recommendations overseen by the Financial Improvement Board (LC)	<p>Monthly RSP Exit Assurance Report (inc Roadmap) NHSE/I oversight meetings and input from Intensive Support Team 2019/20 financial accounts (approved at the March 2022 Trust Board) 2020/21 financial accounts (approved at September Trust Board)</p> <p>Deloitte and Internal Audit reviews of Trust financial processes and systems (External Assurance)</p> <p>Bi-monthly Financial Improvement Plan (2020/21 & 2021/22 Accounts) (Internal Assurance)</p>	Amber (Controls are still maturing and evidence is limited / inconclusive)	Possible (3) x Major (4) = 12	FIC / TB AC AC	Clean Head of Internal Audit Opinion (rated Good or better) (A) Outstanding actions on the Financial Improvement Plan (LC)	Trust Board approve audited 2021/22 Accounts (CFO: Apr May 2023)	Unlikely (2) x Major (4) = 8	Extreme unlikely (1) x Major (4) = 4

BAF Ref		Executive Lead		Committee					
05-FIC		Lorraine Hooper, CFO		Finance Investment Committee					
Risk cause				Risk event					
Lack of financial grip and control, governance and financial processes				Financial transactions not carried out in accordance with the law and with Government policy and accounting standards. Lack of clarity over the financial position and plan					
Impact									
1. Unable to accurately report (in year and year end) 2. Inability to make appropriate financial decisions and take actions to ensure financial sustainability 3. Continuation of Regulatory Support Programme (RSP) with NHSE&I oversight and scrutiny 4. Unable to operate with autonomy									
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	Financial Improvement Plan inc all outstanding External Audit Management Recommendations (LC)	RSP Exit Roadmap (Internal Assurance) Monthly RSP Exit Assurance Report to EFPB, FIC & TB (Internal Assurance) NHSE/I Oversight meetings (Internal Assurance) NHSE&I Intensive Support Team (Internal Assurance) Grip & Control Checklist: Paper I presented to 9.4.22 Audit Committee (Internal Assurance) Board Assurance Framework for 2022/23 (Internal Assurance) Monthly Financial Forecast and Risk Management paper to FIC (Internal Assurance) Decision making processes and financial governance in place for new spend decisions (Internal Assurance) Budget holder training & procurement training (Internal Assurance) Performance Accountability Framework updated and approved: Paper F presented at 3.11.22 Trust Board (Internal Assurance) SFIs and Scheme of Delegation updated and approved at TB: Paper G presented at 3.11.22 Trust Board (Internal Assurance) Bi-monthly Financial Improvement Plan (2020/21 & 2021/22 Accounts) paper to Audit Committee (Internal Assurance)	Amber (Controls are still maturing and evidence is limited / inconclusive)	Unlikely (2) x Major (4) = 8	FIC FIC FIC FIC FIC FIC FIC	Outstanding actions on the Financial Improvement Plan (LC) Reporting of underlying financial position to FIC (A) TB approvals without context of underlying Trust position (A)	Close the remaining outstanding actions on the Financial Improvement Plan (CFO: end Mar 2023) Quarterly reporting of underlying financial position to FIC (CFO: Apr 2023) TB approvals taking account of underlying Trust position (CFO: Jun 2023)	Unlikely (2) x Major (4) = 8	Extreme unlikely (1) x Major (4) = 4

BAF Ref 06-FIC	Executive Lead Lorraine Hooper, CFO	Committee Finance Investment Committee
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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)
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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	1. Risk assessment of non-prioritised schemes - Unfunded high risk schemes (estates compliance and replacement medical equipment), IT infrastructure and operational developments (LC) 2. Medium Term Capital Plan (LC) 3. Gap between internally funded capital envelope and the prioritised three year capital programme (LC)	1. Present evaluation of risk and detailed scheme programme at the March FIC meeting (CFO: end of Mar 2023) 2. Final 2023/24 Annual Plan to Trust Board (DCE: end of Apr 2023)	Almost certain (5) x Moderate (3) = 15	Possible (3) x Moderate (3) = 9

BAF Ref 07a-FIC	Executive Lead Lorraine Hooper, CFO	Committee Finance Investment Committee
Risk cause Significant financial challenge over the next 3 years across the LLR system to meet both operational and inflationary pressures and recovery from COVID		Risk event Failure to deliver the 2022/23 financial plan reforecast
Impact 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	2022-23 Financial plan agreed by the Board and System Executive (LC)	System / UHL 2022/23 financial plan and letter outlining risks to delivery of plan submitted to NHSE/I 20/6/2022 (Internal Assurance) Decision making processes and financial governance in place for new spend decisions (Internal Assurance) Monthly Financial Forecast and Risk Management paper to FIC (Internal Assurance) Risk share agreement (Internal Assurance): System CFOs co-develop risk sharing agreement FIC oversight of the development of the risk share agreement Governance in place on the financial plan and risks to delivery internally and with system partners	Amber (Controls are still maturing and evidence is limited / inconclusive)	Likely (4) x Moderate (3) = 12* *Score reduced in Feb 2023 (5x3=15 to 4x3=12)	FIC FIC FIC FIC	Pay costs (forecast growth) (LC)	Continue to enact the forecast protocol as described in the Forecast & Risk Management paper to Nov FIC (CFO: review-position-Feb-2023 Apr 2023)	Unlikely (2) x Moderate (3) = 6	Unlikely (2) x Moderate (3) = 6

BAF Ref 07b-FIC	Executive Lead Lorraine Hooper, CFO	Committee Finance Investment Committee
Risk cause Significant financial challenge over the next 3 years across the LLR system to meet both operational and inflationary pressures and recovery from COVID		Risk event Failure to deliver the Medium Term Financial Plan (MTFP)
Impact 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	MTFP - Business planning process, alignment of activity, workforce and finances (LC)	Draft 2023/24 & 2024/25 Financial Plan (Internal Assurance)	Amber (Controls are still maturing and evidence is limited / inconclusive)	Likely (4) x Major (4) = 16	FIC	Long term transformation and efficiency programme and MTFP (LC) Aligned Trust and enabling strategies (e.g. workforce, estates, etc) (LC) Framework for health inequalities including resource requirements (LC) Planning processes (LC)	Further improvement to planning and decision making processes with a view to longer term planning across the CMGs (DCE: March 2023) 1. Agree the Transformation Programme (DCE: Jun 2023) 2. Model the Transformation Programme productivity & efficiency savings (CFO: Aug 2023)	Possible (3) x Major (4) = 12	Unlikely (2) x Major (4) = 8

BAF Ref		Executive Lead		Committee					
08-FIC		Andy Carruthers, CIO		Finance Investment 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									
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 (Chief Medical Information Officer, Chief Nurse Information Officer, Chief Pharmacy Information Officer) (LC)	Stringent readiness assessments and post implementation reviews supported by factual statistics on a project basis (structure established) (Internal Assurance)	Amber (Controls are still maturing and evidence is limited / inconclusive)	Likely (4) x Major (4) = 16	FIC	Lack of engagement from a broad range of clinical areas & roles below very senior levels (LC) Failure to retain and recruit staff with specialist IT and business change skills and knowledge to monitor and maintain the service (LC)	Develop BI capability to evidence adoption (CIO: Jun 2023) Appoint to clinical digital leadership roles (CIO: Apr 2023)	Possible (3) x Major (4) = 12	Possible (3) x Moderate (3) = 9
2	EPR readiness assessment document and process (LC)	HIMSS EMRAM EPR maturity assessment (Internal Assurance)			FIC	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: Jun 2023)		
3	e-Hospital clinical facilitator team supporting with change and adoption in front line areas (LC)	User experience satisfaction survey (Internal Assurance)			FIC	Quality metrics for user experience (A) Adoption & change facilitation in corporate areas (LC)	Establish corporate adoption facilitators on a project basis (CIO: Jun 2023)		
4	Continuous investment in infrastructure and equipment (as identified in the annual capital plan) (LC)	NHSEI Frontline Digitisation financial governance & validation process NHSEI frontline digitisation capital funding (£5m) to support EPR progress confirmed for 2022/23 and expected to impact on 2023/24 plans (Internal Assurance) Internal Audit advisory review - Cyber- mock phishing campaign (External Assurance)			FIC	Capital funding allocation (LC)	Develop action plans to address investment in high risk category areas (CIO: March 2023)		
5	e-Hospital programme board chaired by Medical Director (LC)	e-Hospital programme review by Internal Audit (External Assurance)			FIC	2021/22 audit finding gaps (LC)	Develop action plan to address the findings from the e-Hospital Internal Audit in line with capital funding allocations (including benefits realisation, change management) (CIO: Mar 2023)		
6	Clinical engagement in the specification of replacement IT functionality e.g. PAS replacement project board comprising clinical and operational expertise (IC)	Co-designing, testing and piloting of EPR functionality (Internal Assurance)			FIC				
7	Benefits Realisation Plan & transformation resource (LC)				FIC	Lack of clinical and administrative standardisation across specialities (LC) Projected speciality level EPR clinical benefits plan (LC) Dedicated transformation resource to facilitate EPR benefits realisation (LC)	Build approach to EPR benefits realisation (CIO: April 2023) Develop standardisation across clinical specialities (CIO: July 2023) Realise EPR benefits (CIO: Dec 2023)		

BAF Ref	Executive Lead	Committee
09-FIC	Mike Simpson, DEF	Finance Investment Committee
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) Appointment of a Commercial Director (DEF: Aug 2023)	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)	Report progress against Compliance Audit Action Plan to FIC until compliant (DEF: Mar 24)		
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)	Fully develop the three-year capital plan (CFO: Mar 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)			FIC	E&F Organisational Development for bands 5 and upwards cohorts 2+ (LC)	Deliver E&F Organisational Development for bands 5 and upwards - cohort 2+ (DEF: April 2023)		
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	Locums Nest for the E&F Bank (LC)	Implement Locums Nest for E&F Bank (DEF: March 2023)		

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)	Reconfigure E&F Computer Aided Facilities Management Software System (CAFM) with compliance linked through to Asset Register verification (DEF: April 2023)		
7	Green Agenda (LC)	System Level Plan (Internal Assurance)			FIC	Sustainable transport solutions (IC) Further city centre parking capacity (IC)	Explore sustainable transport solution options (DEF: Jun 2023) Explore additional city centre parking options and take through formal planning (DEC: Mar 2024)		

BAF Ref	Executive Lead	Committee
10-PCC	Clare Teeney, CPO	People & Culture Committee
Risk cause		Risk event
Failure to recruit, retain, redesign and transform the workforce		Insufficient workforce capacity, capability and lacking diversity
Impact		

- Lack of understanding of the importance and benefits of cognitive diversity in the workforce
- Inability to attract and retain a diverse and inclusive workforce
- Workforce that does not represent the diversity of the local population and labour market
- Lack of diversity in care pathway and service redesign
- Poor patient experience
- Poor responsiveness - backlogs and long wait times
- Lack of staff morale, high turnover and vacancies
- A workforce that is burnt out and feels unsupported, undervalued and leaves the Trust
- Perceived and actual inequality at all levels across the Trust
- 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)	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)	Amber (Controls are still maturing and evidence is limited / inconclusive)	Almost certain (5) x Major (4) = 20	PCC	Addressing recommendations from External Audits (LC) Additional audits to take place inc recruitment and selection process and pre-employment checks (A) Transactional Services Strategy (LC)	Internal Audit around recruitment and selection process (to Audit Committee in summer 2023) (CPO: Mar Aug 2023) Internal Audit around pre-employment checks (to Audit Committee in April 2023) (CPO: Mar Apr 2023) Transformation Strategy Map for Transactional Services (CPO: Apr 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 - rating of requires improvement (External Assurance)	PCC		Lack of support programme for Staff, Associate Specialist and speciality doctors (SAS) and Locally employed doctors (LED) (LC)	Pilot Dignity at Work Programme (British Association of Physicians of Indian Origin - BAPIO) and sign MOU (CPO: commences April 2023) Develop EDI Work Programme 2023/24 (CPO: May 2023)			
3			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: June 2023) Align Trust & enabling strategies (e.g. workforce, estates, etc) (DCEO: Aug 2023)			
4	Health & wellbeing programme (LC), inc: *Staff vaccination programme, * Occupational Health, *AMICA Staff Counselling and Psychological Support Services etc	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) Quarterly effectiveness of the Trust's Learning and OD programme report Staff survey results and progress with action plans monitored (Internal Assurance) Quarterly report on alignment of staff health and wellbeing measures to workforce needs and organisational culture report (Internal Assurance)	PCC PCC PCC PCC PCC		Staff survey results 2022/23 (A)	Develop 2022 Staff Survey action plan (CPO: Jul 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 3rd 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 3rd 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 3rd party / independent assurance e.g. Internal or external audit, regulator assessment

Appendix B – Significant Operational Risk Register (current risks rated 20+)

Risk ID	CMG	Specialty	Risk Description	Current Risk Score	Target Risk Score
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	20	6
3857	CMG 1 - CHUGGS	Gastroenterology	If the Gastroenterology Modular Build Wards 42 and 43 at the LRI are not adequately maintained, caused due to flooding and drainage issues, then it may result in an event that threatens the safety of patients, staff, visitors, and/or the public, leading to harm, and service disruption.	20	6
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, and service disruption	20	8
3359	CMG 3 - ESM	Acute Medicine	If ESM CMG do not recruit and retain into the current nursing vacancies within Specialist Medicine, including the extra capacity wards opened, then it may result in widespread delays with patient diagnosis or treatment, leading to potential harm.	20	9
3769	CMG 3 - ESM	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
3699	CMG 3 - ESM	Emergency Department	If medical and nursing workforce capacity in Majors is not increased commensurate to meet demand (caused due to reorganised services in ED as a result of the COVID-19 pandemic), then it may result in significant delays with patient assessment, diagnosis and treatment, leading to potential harm, and service disruption.	20	12
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	12
3475	CMG 4 - ITAPS	Theatres	If there is no effective maintenance programme in place to improve the operating theatres at the LGH, LRI & GGH sites, including ventilation, and fire safety, then it may result in failure to achieve compliance with required regulations & standards, leading to service disruption.	20	12
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
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
4075	CMG 7 - Women's	Maternity	If there are cultural issues in maternity services including poor working relationships and poor working environments, then it may result in failure to comply with National Guidance around staffing levels and statutory responsibilities, leading to an adverse impact on patient safety with increasing numbers of clinical incidents and near misses	20	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
3695	Estates and Facilities	Estates and Facilities	If areas requiring specialist ventilation for infection prevention are not updated to the current healthcare standards, caused due to age and condition of the plant and lack of access, then it may result in a reduction in infection control, leading to potential patient harm, service disruption and financial loss	20	5
4045	Estates and Facilities	Estates and Facilities	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
3987	Estates and Facilities	Estates and Facilities	If key Water management services don't offer a resilient service, then it may result in an infection incident that threatens the health of patients / staff and users in the Trust, leading to potential harm with prolonged hospital treatment / ill-health / death	20	10

3655	Finance and Procurement		If the Trust is unable to maintain an adequate supply of critical clinical supplies and equipment, caused by critical supply chain failure affecting supply of medicines, medical devices such as ventilators, NIV, CPAP and pumps, clinical consumables, nonmedical goods and PPE, then it may result in sub-optimal patient care, leading to potential for harm and poor experience and clinical outcomes.	20	10
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	20	9
4035	Human Resources		If there is inadequate and poorly maintained infrastructure in Paget House and Baldwin Lodge for People services staff to operate, then it may result in an event that threatens the health, safety, and security of occupants, leading to staff harm, poor staff experience, and litigation cases.	20	6
2565	CMG 1 - CHUGGS		If capacity is not increased to meet demand in General Surgery, Gastro and Urology, then it may result in widespread delays with patient diagnosis or treatment leading to potential for patient harm and breach against delivery of national targets	20	9
3843	CMG 1 - CHUGGS		If the correct admin processes are not followed in CHUGGS CMG including Gastro triage for the patients journey, then it may result in detrimental delays with diagnostic tests and treatment, leading to potential harm and adverse	20	8
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.	20	6
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, and financial impact	20	12
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
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	6
3258	CMG 1 - CHUGGS	Radiotherapy	If the radiotherapy service unable to deliver treatments and activity has to be diverted to other radiotherapy service providers, caused due to ageing equipment, then it may result in delays with patient diagnosis leading to potential for a poor patient experience with potential of adversely affecting their outcomes, non-compliance with 62 day standard and a loss of income for the service.	20	6
3645	CMG 2 - RRCV		If the Haemodialysis Unit at LGH does not undergo significant refurbishment or replacement, then it may result in detrimental impact on safety & effectiveness of patient care delivered, including spread of infection between patients, leading to potential for patient harm	20	8
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 elective care admissions	20	8
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
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
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
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
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 compliance impact	20	9
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

3140	CMG 4 - ITAPS		If sufficient 'downtime' for Planned Preventative Maintenance and corrective maintenance is not scheduled into the theatre annual programmes to maintain specialist ventilation systems, then it may result in detrimental impact on safety & effectiveness of patient care delivered leading to potential harm from microbiological contamination in the theatre environment.	20	8
3113	CMG 4 - ITAPS	Critical Care	If the infrastructure in our ICU's is not updated and expanded to meet current standards and demand for all patients requiring level 2 or 3 care, then it may result in a detrimental impact on safety & effectiveness of patient care delivered benchmarked against other centres (ICNARC), leading to potential for patient harm	20	6
3773	CMG 5 - MSK and SS	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, and financial loss	20	6
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), service disruption and financial loss.	20	6
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	20	8
4044	CMG 7 - Children's		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
3661	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 and service impacts	20	8
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	12
3981	Estates and Facilities	Estates and Facilities	If the systems and processes for managing waste in UHL are inadequate, then it may result in multiple breaches of UK Waste Management Regulations, leading to potential for service disruption, harm and financial impact.	20	9
3923	Finance and Procurement		If insufficient capital funding is available to address statutory requirements or address backlog maintenance requirements, then it may result in an event that threatens the health and/or safety of patients, staff, visitors, and/or the public, leading to adverse impact on harm and experience and adverse effect on service continuity and productivity	20	12
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 not achieving phase 2 of the National RTT Elective Recovery Plan agenda and patient harm.	20	12
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	20	12
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 reablement / recovery, and poor patient experience	20	12