

Meeting title:	Trust Board (public) Public Trust Board paper O
Date of the meeting:	11 th April 2024
Title:	BAF and Significant Risk Report
Report presented by:	Becky Cassidy, Director of Corporate & Legal Affairs
Report written by:	Head of Risk Assurance
This paper is for:	Decision/Approval <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Update <input checked="" type="checkbox"/>
Where this report has been discussed previously	Content 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

The purpose of this report is to provide the Trust Board with assurance around the overarching system of risk management and internal control including a summary of:

- the Board Assurance Framework (BAF);
- the significant risks on the Operational Risk Register.

2. Recommendation

The Trust Board is invited to satisfy itself that the systems and processes in place to manage risk are working.

3. Report detail

3.1 The Board Assurance Framework (BAF)

The BAF sets out the Trust's strategic goals, the risks to achieving them, the key controls and assurance mechanisms in place to manage risk, and the key next steps to support delivery with achieving the objectives.

The content and structure of the BAF has been developed through discussion with the Executive Directors and Non-Executive Directors at Trust Board developments sessions, and at Trust Board meetings, as well as through review of strategic risk

themes on the operational risk register. The BAF is regularly reviewed by the Internal Auditors as part of their Head of Internal Audit Opinion (HoIAO).

Stage 2 of the HoIAO focused on how the BAF has been used during the year including as live tool for the Trust Board. A summary of findings reported to the March 2024 Audit Committee include:

- the BAF has continued to be reported to the Trust Board meetings on a quarterly basis.
- all BAF risks are aligned to a Board Committee for oversight and reporting arrangements are in place for the escalation of risks through escalation reports presented to the Trust Board.
- aligned BAF risks have been reported to the appropriate Board Committee in line with the plan outlined in stage 1.
- there is an established process for adding, removing and changing risk scores on the BAF and evidence was obtained.
- The auditors saw evidence of progress around the management of strategic risks including the reviewing and updating of actions and assurances documented against BAF risks.

The final HoIAO will be issued in line with the annual report and accounts and will consider further work completed and additional third party assurances.

Following the launch of the Trust Strategy 'leading in healthcare, trusted in communities', in 2023, the BAF risk descriptions have been revised where necessary to align to the new strategic goals.

Over the last quarter the Head of Risk Assurance and the Transformation Programme Manager have met monthly with each Executive Lead or Deputy to update their strategic risk, which subsequently has been reported to the relevant Board Committee. There is an established process to add new risks, remove risks, and alter ratings on the BAF, which involves the relevant Board Committee receiving assurance and escalating to the Trust Board to agree any change. During this period there have been no risks entered or closed, however the structure of the BAF has been updated to enable easier allocation of risks which cross more than one Board Committee. There have been no significant changes to risk ratings since the last report to the Trust Board. The risk themes on the BAF which are currently rated highest (20) include:

- Quality risks (including gaps in quality governance arrangements), monitored at Quality Committee;
- Activity risks (including UEC, Elective, Cancer), monitored at Operation & Performance Committee;
- Finance risks (including Capital and Sustainability), monitored at Finance Investment Committee;
- People risks (including Transactional services), monitored at People & Culture Committee.

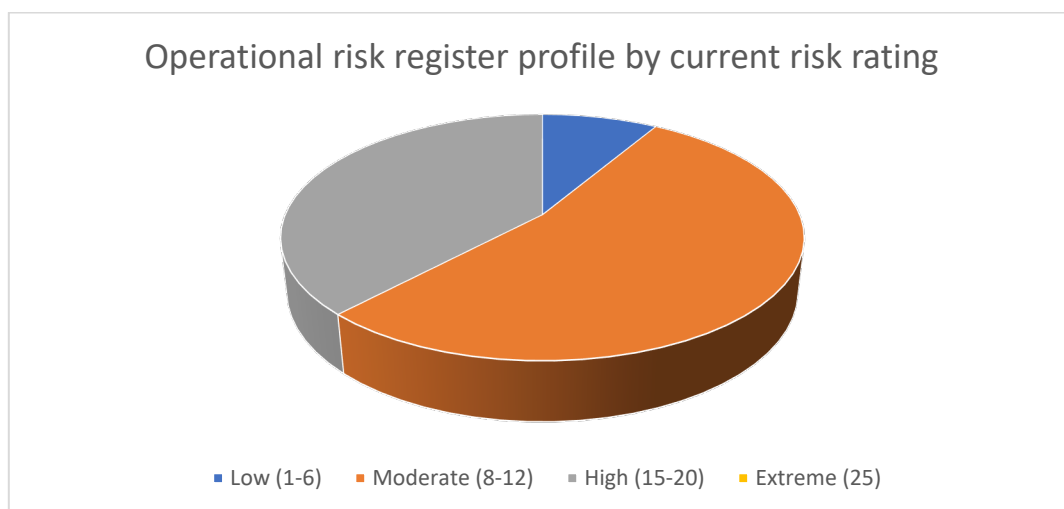
A copy of the current BAF is attached as Appendix A.

3.2 Operational risk register

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

The operational risk register provides detail about clinical and corporate operational risks relating to the organisation's on-going day-to-day business delivery.

Risk register findings and performance reported to the March 2024 Risk Committee meeting showed there are 360 risks open on the Datix operational risk register. There are no risks on the register with a current rating of extreme (risk rating 25), there are 128 significant risks (rated 15-20), 196 moderate risks (rated 8-12) and 36 low risks (rated 1-6). All operational risks are assigned to a risk owner and a summary of the risks by current rating is shown in the graphic below:



A summary of the significant risk descriptions on the operational risk register is attached as Appendix B.

Risk register performance is reported monthly to the CMG performance review meetings (PRMs) for scrutiny and challenge around operational risks on the register. CMGs are required to assure the Executive Team at PRMs around actions they have established where there is any variance in data. Risk register performance reported to Risk Committee in March 2024 showed 6% of operational risks with elapsed review and / or action due dates (against a target of <10%).

Internal Audit have recently undertaken a review of operational risk management arrangements at CMG level, with a focus on CSI CMG and RRCV CMG (February 2024). The Internal Audit opinion is significant assurance: "there is a generally sound framework of governance, risk management and control designed to meet the objectives of the system under review, and controls are generally being applied consistently. Opinion is limited to the controls examined and samples tested as part of the review".

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, managing the risk register and the importance of horizon scanning to identify new and emerging risks.

3.2.2 Themes on the operational risk register

Significant risk themes on the operational risk register include:

- Workforce – including recruitment, retention and skill mix of clinical and non-clinical staff groups. Workforce themes are reported on the BAF. Note: There is a piece of work being led externally to understand the existing workforce gaps following recent recruitment.
- Patient activity and flow – including managing demand and capacity in urgent and emergency care services, managing the elective care backlogs, and managing cancer patients. UEC and elective care is reported as a strategic theme on the BAF.
- Estate and the environment – including managing ageing infrastructure and climate in our operating theatre environment and ICU infrastructure. The risk register is reviewed as part of the management of backlog maintenance led by Estates and Facilities. Some risks require significant capital investment as well as reconfiguration as part of the New Hospital Programme. Estates and Facilities matters are reported as a strategic theme on the BAF.
- Equipment and supplies – including managing ageing clinical equipment and addressing IM&T infrastructure works and digital risk. Digital risk, including PAS and EPR are reported as a strategic theme on the BAF.
- Finances – including capital funding to address backlog maintenance and increased costs, and financial sustainability. Financial themes are reported as a strategic risk on the BAF.

Analysis of the themes on the risk register and BAF demonstrates alignment between the operational and strategic risks.

Appendix A - UHL Board Assurance Framework (March 2024)

Strategic Goals: Leading in Healthcare, Trusted in Communities				High-quality care for all	A great place to work	Partnerships for impact	Research and education excellence
Strategic Initiatives	Strategic Risk Theme	Executive Leads	Board Committee	Current Rating	Tolerable Rating	Target Rating	Movement
Operational processes & quality improvement Building a culture of continuous improvement Patient Safety Strategy	Strategic risk 1 - Quality Governance	CN, MD	Quality Committee	20	12	6	↔
Operational processes & quality improvement Building a culture of continuous improvement Partnership Strategy	Strategic risk 2 - Activity (UEC, Elective, Cancer, Winter)	COO	Operations & Performance Committee	20	15	9	↔
Strategic risk 3 - Material misstatements in the Trust's restated 2019/20 balance sheet, with implications for audit opinion on 2020/21 and future accounts	Closed: Strategic risk 3 - Finance (Balance Sheet)	CFO	Finance Investment Committee	Closed in May 2023 - Extraordinary FIC, 02.05.2023 agreed to close the treated risk. This was escalated in the FIC report and closure approved by Trust Board in May 2023.			
Strategic risk 4 - Culture of weak financial management, governance with longer term planning not yet embedded	Closed: Strategic risk 4 - Finance (Governance)	CFO	Finance Investment Committee	Closed in February 2023 - FIC, 27.01.2023 agreed to reduce the rating and to incorporate the residual risk regarding culture (training & development) into operational risk 3922. This was escalated in the FIC report and closure approved by TB in Feb 2023.			
Strategic risk 5 - Lack of financial grip and control, governance and financial processes	Closed: Strategic risk 5 Finance (Grip & Control)	CFO	Finance Investment Committee	Closed in August 2023 - FIC, 28.07.2023 agreed to close the risk and to incorporate the residual risk into the operational risk register. This was escalated in the FIC report and closure approved by Trust Board in August 2023.			
MTFP & financial sustainability	Strategic risk 6 - Finance (Capital)	CFO	Finance Investment Committee	20	15	9	↔
Strategic risk 7 - Failure to deliver the 2022/23 financial plan reforecast	Closed: Strategic risk 7 - Finance (Annual Plan)	CFO	Finance Investment Committee	Closed in May 2023 - Extraordinary FIC, 02.05.2023 agreed the risk has met its target rating and to incorporate the residual risk into the operational risk register. This was escalated in the FIC report and approved by Trust Board in May 2023.			
MTFP & financial sustainability	Strategic risk 7b Finance (Sustainability)	CFO	Finance Investment Committee	20	12	8	↔
Digital & technology	Strategic risk 8 - Digital	CIO	Finance Investment Committee Our Future Hospitals and Transformation Committee	16	12	9	↔
New Hospitals programme Green Plan MTFP & financial sustainability	Strategic risk 9 - Estate & Facilities	DEF	Finance Investment Committee Our Future Hospitals and Transformation Committee	16	12	9	↔
People services / workforce programme Equality & Diversity Strategy	Strategic risk 10 - People	CPO	People & Culture Committee	20	12	9	↔

A	B	C	D	E	F	G	H	I	J	K	L	M
BAF Risk Ref No	Risk Theme	Executive Lead	Board committee workplan	Goals	Description Existing condition Uncertain event Leading to effect on goal	Controls (Impact control = IC or Likelihood control = LC)	Sources of assurance (3rd party / independent or internal assurance)	Current risk rating L x I = Current (Likelihood of event occurring x Impact of event)	Gaps in control (LC or IC) Gaps in assurance (A)	Key next steps (to address gaps in controls or assurance)	Tolerable risk rating (L x I)	Target (appetite) risk rating (L x I)
02-Activity(UEC)-2	Activity	Jon Melborne, COO	Operation & Performance Committee	High-quality Care for All: Improve patient access to services, ensuring that people get the right care for their needs at the right time	Demand for UEC exceeding capacity May result in: - Overcrowding in the Emergency Department with varying acuity that could be treated within alternative locations across the system - Flow through the acute Trust is then impacted by the demand at the front door funneling through into acute beds - Provision across LLR is not right sized or formed to respond to the various needs of patients being discharged to enable discharge in a timely way	Transformation support and UEC Programme Manager to implement UEC action plan (LC) SDEC plan (LC)	Transformation Team work plans with allocated resource to support the implementation of the UEC action plan (Internal Assurance) Monitor implementation of SDEC strategy and actions through UEC Steering Group (Internal Assurance)	Almost certain (5) x Major (4) = 20	UEC action plan not fully implemented (LC)	UEC Programme Manager to monitor and implement the annual UEC action plan - (COO: Mar 2025) Implement SDEC actions (COO: May 2024) Recruit to High Frequency User /High Impact User post (COO: Jun 2024)	Almost certain (5) x Moderate (3) = 15	Possible (3) x Moderate (3) = 9
02-Activity(UEC)-3	Activity	Jon Melborne, COO	Operation & Performance Committee	High-quality Care for All: Improve patient access to services, ensuring that people get the right care for their needs at the right time	Demand for UEC exceeding capacity May result in: - Overcrowding in the Emergency Department with varying acuity that could be treated within alternative locations across the system - Flow through the acute Trust is then impacted by the demand at the front door funneling through into acute beds - Provision across LLR is not right sized or formed to respond to the various needs of patients being discharged to enable discharge in a timely way	Tactical meetings to monitor performance (LC)	Organisation wide understanding of Trust operational position four times daily reflected in the UHL Capacity Report (Internal Assurance) Operational Pressures Escalation Framework (Internal Assurance) Adherence to UHL Rapid Flow and Boarding Policy's (Internal Assurance) UHL Performance Metrics (2a. - weekly ambulance handover, 2b. emergency scorecard, FFT) (Internal Assurance)	Almost certain (5) x Major (4) = 20	UEC action plan not fully implemented (LC)	Implement single UEC action plan and annual priorities (focussing on admission avoidance, increasing productivity through flow, and improving discharge metrics) (COO: Q4 2024/25)	Almost certain (5) x Moderate (3) = 15	Possible (3) x Moderate (3) = 9
02-Activity(Elective)-4	Activity	Jon Melborne, COO	Operation & Performance Committee	High-quality Care for All: Improve patient access to services, ensuring that people get the right care for their needs at the right time	Large backlog of elective waiting lists built up during the pandemic and rising levels of referrals for planned care has resulted in a demand for elective care that exceeds baseline capacity May result in: - long waiting lists - patients lost to follow-up - low new to follow-up ratio - increased number of follow-ups due to needing see the patients again before surgery due to length of wait on waiting list - increase in complexity of patients - poor patient experience and potential for patient harm	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)	Access and Performance meetings with UHL Specialities (Internal Assurance) Weekly Tier 2 elective meeting with NHSE (External 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) Elective Care & Diagnostics RTT and DM 01 monthly report to OPC (Internal Assurance)	Almost certain (5) x Major (4) = 20	Resource to implement transformation in elective care pathway(s) (LC) 65 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) Impact of emergency pressures on elective pathways, particularly within paediatrics (A) Paediatric business case for surgical day case unit- delayed implementation due to challenges recruiting (A)	Increase UHL Capacity (through insourcing, outsourcing and the independent sector to support 78, 65 and 52 week position) (COO: Jun 2024) Value for Money assessment of all insourced activity to ensure delivering according to plan (COO: Jun 2024). Deliver year 2 priorities from the Outpatient Strategy (COO: Mar 2025) Deliver programme of work for theatre productivity (COO: Jun 2024)	Almost certain (5) x Moderate (3) = 15	Possible (3) x Moderate (3) = 9
02-Activity(Cancer)-5	Activity	Jon Melborne, COO	Operation & Performance Committee	High-quality Care for All: Improve patient access to services, ensuring that people get the right care for their needs at the right time	Demand for cancer treatment exceeding capacity May result in: - long waits - delayed diagnosis - poor outcomes	Internal cancer centre team target of no more than 7 days between tracking of patients Increased workforce Weekly PTL with individual tumour sites Daily tracking of backlog Recovery Action Plans (RAP) with all tumour sites Utilisation of all available capacity within the UHL	Tumour site Recovery & Performance meetings established on weekly/fortnightly/monthly basis contingent on level of risk within each tumour site (Internal Assurance) Reporting to Cancer Board monthly (Internal Assurance) Dual reporting to UHL Operations & Performance Committee and LLR Quality & Performance Sub Group monthly (Internal Assurance) Harm Review undertaken of all patients who breach 104 days reported to Quality Committee (Internal Assurance)	Almost certain (5) x Major (4) = 20	Further industrial action; winter pressures; workforce constraints (LC)	Submit Full Business Case for Cancer Centre (COO: Apr 2024) Await outcome of EMCA funding bid for 2024/25 (COO: Apr 2024)	Almost certain (5) x Moderate (3) = 15	Possible (3) x Moderate (3) = 9
02-Activity(Winter)-6	Activity	Jon Melborne, COO	Operation & Performance Committee	High-quality Care for All: Improve patient access to services, ensuring that people get the right care for their needs at the right time	Significant and additional operational pressures over the Winter period May result in: - Overcrowding in the Emergency Department with varying acuity that could be treated within alternative locations across the system - Flow through the acute Trust is then impacted by the demand at the front door funneling through into acute beds - Provision across LLR is not right sized or formed to respond to the various needs of patients being discharged to enable discharge in a timely way	Winter Plan (LC)	Winter Plan 2023/24 to Trust Board (Internal Assurance)	Almost certain (5) x Major (4) = 20	Winter Plan 2024/25 (LC) Bedded capacity - worst case scenario bed gap (LC)	Develop Winter surge actions (as per the annual Winter Plan) (COO: Aug 2024) Medium term - Build 18 bedded modular ward at GH (COO: Apr 2024) Medium term - Build two 28 bedded wards at GH (COO: Aug 2024) Long Term - Reconfiguration Programme to address bedded capacity (COO: longer term as part of Trust strategy - 2030)	Almost certain (5) x Moderate (3) = 15	Possible (3) x Moderate (3) = 9
06-Finance(capital)-1	Finance (Capital)	Lorraine Hooper, CFO	Finance Investment Committee	Financial Sustainability	Insufficient capital funding 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)	1. Prioritised three year capital plan overseen by the Capital Management Investment Committee (LC) 2. Draft balanced Capital Plan for 2023/24 (LC) 3. Medium Term Capital Plan (LC) 4. System Capital Group established, chaired by UHL's Chief Financial Officer (LC).	27/4/2022: FIC approve the 2022/23 Capital Plan (Internal Assurance) 30/11/2023: FIC approved Medium Term Capital Planning process (Internal Assurance)	Almost certain (5) x Major (4) = 20	Until the capital allocation process is completed the residual risks associated with unfunded operational or strategic priorities will not be known (LC)	System executive sign-off of capital allocations (CFO: Apr 2024) Develop the initial 2024/25 and 3 year capital plan through CMIC in accordance with the agreed planning process - to FIC in March 2024 (CFO: Mar 2024)	Almost certain (5) x Moderate (3) = 15	Possible (3) x Moderate (3) = 9

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21	08-Digital-5	Digital	Andy Carruthers, CIO	Finance Investment Committee	Financial Sustainability	Strategic investment in digital initiatives is unavailable or insufficient May result in unaffordability of digital solutions	Annual capital plan (LC) Managed Business Partner Contract Oversight Group (LC)	EXISTING ASSURANCE: NHSEI Frontline Digitisation financial governance & validation process (External Assurance) NHSEI Strategic Capital NHSEI Frontline Digitisation capital funding received in 22/23 and 23/24 (Internal Assurance) Internal Audit advisory review of Cyber – mock phishing campaign (External Assurance) Programme and project risk logs with mitigating actions (Internal Assurance)	Likely (4) x Major (4) = 16	Internal / ICS capital funding allocation constraints (LC) Inability to recruit and / or retain staff with technical skills and organisational memory (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)	Await outcome of: 1) additional NHSE funding for 2023/24 and 2024/25 2) System Strategic Capital 3) UHL revenue (investment case for 36WTE EPR) and capital (CIO: Mar 2024) Enact changes to IT operating model to support future ways of working (CIO: Mar 2024) Approval of 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: Mar 2024)	Possible (3) x Major (4) = 12	Possible (3) x Moderate (3) = 9
22	08-Digital-6	Digital	Andy Carruthers, CIO	Our Future Hospitals and Transformation Committee	Financial Sustainability High-quality Care for All: Rigorously improve the safety of our services High-quality Care for All: Improve patient access to services, ensuring that people get the right care for their needs at the right time	Insufficient investment in digital benefits realisation May result in transformational benefits (financial, safety and efficiency) not being realised	Digital Benefits Realisation Lead (LC)	EXISTING ASSURANCE: 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)	Likely (4) x Major (4) = 16	Lack of clinical and administrative standardisation across specialities (LC) Lack of dedicated transformation resource to facilitate benefits realisation for EPR and for corporate areas (LC) Lack of metrics to measure compliance (e.g. finalisation and distribution of clinic letters) (A)	Develop standardisation across clinical specialities and across administrative functions (Digital Hospital Steering Committee): (CMIO/CNIO, Mar 2024) Project EPR and corporate areas benefits and develop compliance reporting capabilities (CIO: Mar 2024) Agree resourcing required to deliver the Transformation Programme Priorities for 2024/25 (CIO/DCEO: Mar 2024)	Possible (3) x Major (4) = 12	Possible (3) x Moderate (3) = 9
23	09-Estate(project)-1	Project/ Estate	Simon Barton, DCE	Our Future Hospitals and Transformation Committee	Financial Sustainability High-quality Care for All: Rigorously improve the safety of our services High-quality Care for All: Improve patient access to services, ensuring that people get the right care for their needs at the right time	Aging and outdated estate May result in: - increased maintenance backlog - lack of digitally enabled facilities - poor working environment - suboptimal clinical adjacency - high carbon footprint	Our Future Hospitals Programme (OFH)	OFH governance structure (Internal Assurance) reporting to NHS/ New Hospitals Programme (NHP) Approach to Benefits quantification facilitated by PWC (External Assurance)	Likely (4) x Major (4) = 16	Planning permission for the Endoscopy Unit (LC) Refreshed OFH Benefits quantification (IC)	Consider options to mitigate any delay in planning permission being granted at a future Executive meeting (DCE: Apr 24) Develop a Benefits Realisation Plan commencing with the OFH; LRI (DCE: Jul 24)	Possible (3) x Major (4) = 12	Possible (3) x Moderate (3) = 9
24	09-Estate-2	Estate	Mike Simpson, DEF	Finance Investment Committee	Financial Sustainability High-quality Care for All: Rigorously improve the safety of our services High-quality Care for All: Improve patient access to services, ensuring that people get the right care for their needs at the right time	Aging and outdated estate May result in: - increased maintenance backlog - lack of digitally enabled facilities - poor working environment - suboptimal clinical adjacency - high carbon footprint	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)	Likely (4) x Major (4) = 16	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: Aug 2024)	Possible (3) x Major (4) = 12	Possible (3) x Moderate (3) = 9
25	09-Estate-3	Estate	Mike Simpson, DEF	Finance Investment Committee	High-quality Care for All: Rigorously improve the safety of our services High-quality Care for All: Improve patient access to services, ensuring that people get the right care for their needs at the right time	Audits and reviews commissioned across the Trust's Estates & Facilities portfolio identified a number of risks and concerns May result in regulatory intervention	Compliance audits across E&F statutory compliance workstreams (LC)	Areas of statutory non compliance captured on the Risk Register inc mitigating actions (Internal Assurance) Statutory compliance audits reported to UHL Health & Safety Committee (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) Premises Assurance Model (Internal Assurance)	Likely (4) x Major (4) = 16	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: May 2024) Recruit to vacant Waste Manager Post (DEF: May 2024 - delayed due to post going through job evaluation) Undertake reconciliation between CMG operational Risks (captured on the Trust Risk Register) and E&F risks and priorities (DEF: May 2024)	Possible (3) x Major (4) = 12	Possible (3) x Moderate (3) = 9
26	09-Estate-4	Estate	Mike Simpson, DEF	Finance Investment Committee	Financial Sustainability Capital investment in the Trust's Estates & Facilities portfolio is unavailable or insufficient May result in: - increased maintenance backlog - lack of digitally enabled facilities - poor working environment - suboptimal clinical adjacency - high carbon footprint	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)	Likely (4) x Major (4) = 16	Medium Term Capital Plan (LC)	Cross reference to key next steps in BAF risk 06 (Insufficient capital funding)	Possible (3) x Major (4) = 12	Possible (3) x Moderate (3) = 9	
27	09-Estate-5	Estate	Mike Simpson, DEF	Finance Investment Committee	Financial Sustainability Internal Audit of E&F time and attendance systems (paper based) identified a number of risks and concerns May result in potential risk of: - fraud, errors, WTD recording and breaches	E&F People Plan (LC)	Leadership Development Programme (Internal Assurance) Significant reduction in the use of agency staff within soft FM (Internal Assurance) E&F time and attendance system' Internal Audit (External Assurance) Staff survey results (improved staff survey response rate (15% in 2021 to 44% in 2022) E&F restructure of Senior Management Team; Band 5 and above (Internal Assurance) Project Search report to PCC (Internal Assurance) Register and training programme (Internal Assurance)	Likely (4) x Major (4) = 16	Attendance, working hours and absence recorded on manual systems with a potential risk of fraud, errors, WTD recording and breaches (LC)	Implement action plan to address Internal Audit management recommendations from the E&F time and attendance system (DEF: Apr 2024) Move the Estates and Facilities service from paper-based recording to direct input onto ESR (approx. 1650 staff) - (CPO/DEF: Apr 2024)	Possible (3) x Major (4) = 12	Possible (3) x Moderate (3) = 9	
28	09-Estate-6	Estate	Mike Simpson, DEF	Finance Investment Committee	Financial Sustainability High-quality Care for All: Rigorously improve the safety of our services	Gaps in the Trust's FM Asset Register May result in poor asset management	E&F operational systems (LC)	Asset management database (Internal Assurance)	Likely (4) x Major (4) = 16	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: Apr 2024)	Possible (3) x Major (4) = 12	Possible (3) x Moderate (3) = 9

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BAF Risk Ref No	Risk Theme	Executive Lead	Board committee workplan	Goals	Description Existing condition Uncertain event Leading to effect on goal	Controls (Impact control = IC or Likelihood control = LC)	Sources of assurance (3rd party / independent or internal assurance)	Current risk rating L x I = Current (Likelihood of event occurring x Impact of event)	Gaps in control (LC or IC) Gaps in assurance (A)	Key next steps (to address gaps in controls or assurance)	Tolerable risk rating (L x I)	Target (appetite) risk rating (L x I)
09-Estate-7	Estate	Mike Simpson, DEF	Our Future Hospitals and Transformation Committee	Partnerships for Impact: Perform our role as a community anchor (prevention, economic impact of hospital programme, apprenticeships, social value, green initiatives)	Aging and outdated estate May result in high carbon footprint	Green Plan (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)	Likely (4) x Major (4) = 16	System Level Travel Plan (IC) NHP transport and car park plan (IC) Integrated public transport infrastructure / network reflecting the 2021-36 Leicester Transport Plan (LC)	Take additional city centre parking through formal planning (DEF: Apr 2024)	Possible (3) x Major (4) = 12	Possible (3) x Moderate (3) = 9
10-People-1	People	Clare Teaney, CPO	People & Culture Committee	Great Place to Work: Attract, develop, and retain a skilled colleagues with the skills and values we need	Audits and reviews commissioned across the Trust's Operational People Services portfolio identified a number of risks and concerns, including a reliance on paper, and independent payroll systems and processes for some staff groups May result in a potential risk of: - fraud, errors, WTD recording and breaches	Transformation of Operational People Services work programme (aligned and in direct response to external audit recommendations and reviews) overseen by People Services Transformation Collaborative (LC) Protecting fragile services (LC) Operational People Services Strategy (LC) Payroll improvement plan (LC)	External Audits (inc HR and payroll systems & processes, ESR, Bank provision) (External Assurance) Quarterly Operational Services report (Internal Assurance) Industrial Action 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 Operational People Services report (Internal Assurance) Financial Sustainability Workforce Workstream Planning Charter and highlight report to FSG (Financial Sustainability Group) TLT & FIC Internal Audit around recruitment and selection process (External Assurance - Oct 2023 - Significant Assurance) Internal Audit of Operational (transactional) People Services (External Assurance - Dec 2023 - Significant Assurance) UHL Agency Toolkit aligned to NHSE Agency Rules (Internal Assurance) People Services Operational Work Programme paper to PCC Nov 2023 (Internal Assurance)	Almost certain (5) x Major (4) = 20	Addressing recommendations from Audits (LC) Pay expenditure audit (LC)	Internal Audit around Financial Systems - Pay expenditure to Audit Committee in April 2024 (CPO / CFO: Apr 2024) Work with an external partner to carry out an assessment of the temporary pay spend and activity / data quality controls in place across UHL and develop a plan to address (CPO / CFO, Jun 2024)	Likely (4) x Moderate (3) = 12	Possible (3) x Moderate (3) = 9
10-People-2	People	Clare Teaney, CPO	People & Culture Committee	Great Place to Work: Celebrate workforce diversity and challenge discrimination, bullying and harassment	The findings from statutory EDI returns and the national NHS staff survey evidence that UHL does not offer the same experience for all staff. May result in: - low levels of staff engagement and morale - lack of fair and equitable access to career development - a leadership team which does not represent the diversity of the workforce - a culture which does not harness continuous learning by leveraging diverse stories and perspectives	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)	Almost certain (5) x Major (4) = 20	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: Sep 2024)	Likely (4) x Moderate (3) = 12	Possible (3) x Moderate (3) = 9
10-People-3	People	Clare Teaney, CPO	People & Culture Committee	Great Place to Work: Strengthen staff engagement to ensure staff can have their voice heard	Poor or inadequate staff engagement May result in: - high levels of staff turnover - sickness absence	Staff engagement programmes (staff Survey, Trauma Risk Management, Freedom to Speak Up) (LC) UHL Behavioural Framework (LC)	Staff survey communications programme, results and progress with action plans monitored (Internal Assurance) 2024 Staff survey response rate 58.5%, highest ever at UHL and 4th most improved nationally, 36 out of 199 (External Assurance) Freedom to Speak Up (F2SU), and embedding a safe and open culture report (Internal Assurance) Annual report on F2SU (Internal Assurance) GMC survey (External Assurance) Junior Doctors Contract Guardian of Safe Working report (Internal Assurance) UHL Promise and RISE campaign established (Recognised, Included, Supported, Equipped) (Internal Assurance) Staff recognition Awards (Internal Assurance) Trust's 5 years strategy launched at Trust Board in October 2023, including values refresh (Internal Assurance) Sexual Safety Charter (Internal Assurance) UHL Behavioural Framework launched at Trust Board (March 2024) (Internal Assurance)	Almost certain (5) x Major (4) = 20	Staff survey results 2023/24 (A)	Trust Board development session to ensure oversight and develop action plan to address the findings from Staff survey (CPO: Jul 2024) Align Trust & enabling strategies (e.g. workforce, estates, etc) (CPO / DCEO: Dec 2024)	Likely (4) x Moderate (3) = 12	Possible (3) x Moderate (3) = 9
10-People-4	People	Clare Teaney, CPO	People & Culture Committee	Great Place to Work: Support staff health and wellbeing through excellent wellbeing programmes	An inadequate health and wellbeing programme for UHL workforce May result in: - high levels of sickness absence - an increase in the number of employee relations cases - lack of adherence to legislation relating to H&S and work health e.g. health surveillance	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)	Almost certain (5) x Major (4) = 20	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, Jun 24)	Likely (4) x Moderate (3) = 12	Possible (3) x Moderate (3) = 9

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 for consideration by Board Committees:

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 Risks - Operational Risk Register Report (March 2024, Risk Committee)

Risk ID	CMG	Specialty	Risk Description	Impact	Likelihood	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	5. Extreme	4. Likely	20	2
4152	CMG 1 - CHUGGS	Palliative Care	If prescribers do not correctly complete and send an authorisation form, in addition to TTO for anticipatory medications and syringe drivers, when a patient is discharged from UHL, then it may result in delays in community nurses administering drugs for pain relief or other symptoms to a person who is dying, leading to unnecessary patient harm and distress during the last days of life.	5. Extreme	4. Likely	20	8
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.	5. Extreme	4. Likely	20	10
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	5. Extreme	4. Likely	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	5. Extreme	4. Likely	20	15
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	5. Extreme	4. Likely	20	5
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.	5. Extreme	4. Likely	20	10
4189	CMG 5 - MSK and SS	Maxillofacial	If there is no mechanical fume extraction within the max fax lab, due to a known fault with the existing unit, then it may result in health risks to staff working within the lab exposed to substances hazardous to health. Leading to staff harm	5. Extreme	4. Likely	20	5
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.	5. Extreme	4. Likely	20	6
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	5. Extreme	4. Likely	20	6
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.	5. Extreme	4. Likely	20	10
3695	Estates and Facilities	Estates Management	If areas requiring specialist ventilation for infection prevention are not updated to the current healthcare standards, caused due to age and condition of the plant and lack of access, then it may result in a reduction in infection control, leading to potential patient harm, adverse reputation, service disruption and financial loss.	5. Extreme	4. Likely	20	5
3987	Estates and Facilities	Estates Management	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.	5. Extreme	4. Likely	20	10
4045	Estates and Facilities	Estates Management	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.	5. Extreme	4. Likely	20	10
4097	Finance and Procurement		If our financial position deteriorates, there will be a reduction in cash and we are unable to pay liabilities as they fall, then it may result in disruption to critical business function, leading to adverse impact on operational performance and reputational damage.	5. Extreme	4. Likely	20	9
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.	5. Extreme	4. Likely	20	12
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.	5. Extreme	4. Likely	20	6
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	5. Extreme	4. Likely	20	10
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.	4. Major	5. Almost certain	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	4. Major	5. Almost certain	20	8
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.	4. Major	5. Almost certain	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	4. Major	5. Almost certain	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.	4. Major	5. Almost certain	20	4
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.	4. Major	5. Almost certain	20	3
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 ITL capacity and elective care admissions.	4. Major	5. Almost certain	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.	4. Major	5. Almost certain	20	12
3967	CMG 2 - RRCV		If the Cardiology service is unable to recruit and retain medical, nursing & AHP staff due to inability to conduct elective activity, then it may result in delays with patient procedures within clinically indicated timescales, leading to patient harm, substantial service disruption and potential litigation.	4. Major	5. Almost certain	20	8
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.	4. Major	5. Almost certain	20	6
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	4. Major	5. Almost certain	20	8
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.	4. Major	5. Almost certain	20	8
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	4. Major	5. Almost certain	20	4
4166	CMG 2 - RRCV		Due to medical workforce gaps in Respiratory lung cancer service, then it may result in delays to patient diagnosis and treatment, leading to harm and breaching the national 62 day cancer target in Lung Cancer tumour site.	4. Major	5. Almost certain	20	8
4155	CMG 2 - RRCV	Cardiology	Due to an increase in demand on the Cardiology outpatient pathway, this may result in delays to treatment and inappropriate patient prioritisation. Leading to major harm	4. Major	5. Almost certain	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.	4. Major	5. Almost certain	20	12
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.	4. Major	5. Almost certain	20	8
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	4. Major	5. Almost certain	20	8
4151	CMG 3 - ESM	General Medicine	Due to delayed discharge of patients from within ESM, then it may result in continued adverse effect on patient flow through the system. Leading to service disruption	4. Major	5. Almost certain	20	9
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.	4. Major	5. Almost certain	20	8
4192	CMG 5 - MSK and SS		If MSS CMG under-deliver on patient care income or expenditure levels (pay and non-pay) continue to stay at current levels or rise, then it may result in non-delivery of the CMG financial control total for financial year 23/24, leading to failure to achieve the Trust deficit target agreed with NHSE.	4. Major	5. Almost certain	20	9
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 ZWV 14 Day appointments for patients and R2 Day Cancer Breaches). Adverse reputation, service disruption and financial loss	4. Major	5. Almost certain	20	6
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).	4. Major	5. Almost certain	20	3

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	4. Major	5. Almost certain	20	8
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	4. Major	5. Almost certain	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, adverse reputation and service impacts	4. Major	5. Almost certain	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	4. Major	5. Almost certain	20	4
3981	Estates and Facilities	Estates Management	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	4. Major	5. Almost certain	20	9
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	4. Major	5. Almost certain	20	12
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	4. Major	5. Almost certain	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 adverse reputation (not achieving phase 2 of the National RTT Elective Recovery Plan agenda) and patient harm	4. Major	5. Almost certain	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 and adverse reputation	4. Major	5. Almost certain	20	12
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	4. Major	5. Almost certain	20	12
4177	Operations (Corporate)	Cancer Centre	If there is not a significant increase in capacity and resources to meet the increased demand in Cancer services within UHL, then it may result in a significant delay in progressing patients through cancer pathways, leading to an adverse impact on patient experience, inability to meet the national cancer waiting times targets and adverse patient outcomes	4. Major	5. Almost certain	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 readmission / recovery and poor patient experience	4. Major	5. Almost certain	20	12
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	4. Major	4. Likely	16	6
3260	CMG 1 - CHUGGS	General Surgery	If medical patients are routinely outlaid into the Surgical Assessment Unit at LRI along with surgical admissions and triage, then it may result in widespread delays with surgical patients not being seen in a timely manner therefore not getting pain relief or appropriate treatment in the right place, leading to potential for patient harm and impact on surgical flow	4. Major	4. Likely	16	6
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, adviser reputation and non-compliance with NICE recommendations	4. Major	4. Likely	16	6
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 patient 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, OS144 and CG140)	4. Major	4. Likely	16	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, adverse reputation and service disruption	4. Major	4. Likely	16	8
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	4. Major	4. Likely	16	4
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	4. Major	4. Likely	16	8
4191	CMG 1 - CHUGGS	Urology	If the Urology Service are unable to transfer emergency patients who require Level 3 ITU care on an unplanned basis to the LGH critical care unit for longer than a 24 hour period, due to insufficient ITU beds and intensivist rota at LGH to support urological emergencies, obstetric emergencies and medical escalations safely, then it may result in delays to timely and safe emergency urological care, leading to patient harm	4. Major	4. Likely	16	9
4164	CMG 2 - RRCV		If the 5th Thoracic Consultant Surgeon and other workforce resource is not uplifted to meet current and future demand, then it may result in delays to patient diagnosis and/or treatment leading to patient harm	4. Major	4. Likely	16	8
4165	CMG 2 - RRCV		If the Interstitial Lung Disease Service does not have sufficient staffing to deliver the service, then it may result in delays with patient treatment, leading to potential for patient harm	4. Major	4. Likely	16	4
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 for patient harm and breach against delivery of national targets	4. Major	4. Likely	16	4
3969	CMG 2 - RRCV		If Vascular Surgery do not have sufficient access to theatre resources to meet service demand, then it may result in patient treatment being delayed, leading to potential harm	4. Major	4. Likely	16	6
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 including increased length of stay	4. Major	4. Likely	16	6
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	4. Major	4. Likely	16	9
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	4. Major	4. Likely	16	4
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	4. Major	4. Likely	16	6
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	4. Major	4. Likely	16	12
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	4. Major	4. Likely	16	12
4161	CMG 3 - ESM	Emergency Department	If the Emergency Department are unable to transfer adult patients to medical inpatient beds in specialist medicine base wards in a timely manner, due to limited bed capacity; then it may result in delays in diagnosis and treatment, leading to patient harm and overcrowding in ED and escalation areas	4. Major	4. Likely	16	9
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	4. Major	4. Likely	16	6
3119	CMG 4 - ITAPS	Theatres	If there is a deterioration in our theatre staff vacancies and we are unsuccessful in recruiting ODP's and skilled nurses to agreed establishment, then it may result in widespread delays with patient treatment, leading to potential for patient harm and service disruption	4. Major	4. Likely	16	8
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	4. Major	4. Likely	16	6
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	4. Major	4. Likely	16	8
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	4. Major	4. Likely	16	4
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	4. Major	4. Likely	16	12
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	4. Major	4. Likely	16	6
3935	CMG 7 - Children's	Estates Management	If the support provision provided by the St John's Ambulance service to the East Midlands Critical Care Transport Services (CentTre, 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	4. Major	4. Likely	16	8
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	4. Major	4. Likely	16	6
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	4. Major	4. Likely	16	12
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	4. Major	4. Likely	16	4

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.	4. Major	4. Likely	16	8
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.	4. Major	4. Likely	16	6
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.	4. Major	4. Likely	16	6
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.	4. Major	4. Likely	16	4
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.	4. Major	4. Likely	16	3
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.	4. Major	4. Likely	16	8
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.	4. Major	4. Likely	16	8
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.	4. Major	4. Likely	16	1
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.	4. Major	4. Likely	16	8
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.	4. Major	4. Likely	16	4
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.	4. Major	4. Likely	16	12
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.	4. Major	4. Likely	16	6
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.	4. Major	4. Likely	16	8
4071	IM&T		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.	4. Major	4. Likely	16	2
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.	4. Major	4. Likely	16	12
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 incidents occurring whilst in hospital, leading to potential patient harm, poor experience.	4. Major	4. Likely	16	6
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.	4. Major	4. Likely	16	12
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.	5. Extreme	3. Possible	15	8
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.	5. Extreme	3. Possible	15	5
4113	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.	5. Extreme	3. Possible	15	10
3222	CMG 3 - ESM	Emergency Department	If a member of the public is violent or aggressive outside or inside ED reception/waiting rooms, then it may result in a detrimental impact on health, safety & security of staff, patients and visitors leading to harm.	5. Extreme	3. Possible	15	10
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.	5. Extreme	3. Possible	15	10
4134	CMG 3 - ESM	Metabolic Medicine and Endocrinology	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.	5. Extreme	3. Possible	15	10
3995	CMG 4 - ITAPS		If there are not enough anaesthetists/obstetricians/theatre team or midwives to open two (or three) elective theatres to deliver extra elective Caesarean capacity, then it may result in delays to emergency (cat 1) patients, leading to avoidable HIE or adverse fetal or maternal outcomes (death, haemorrhage, hysterectomy etc) ultimately resulting in internal review and adverse publicity for the Trust.	5. Extreme	3. Possible	15	10
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.	5. Extreme	3. Possible	15	6
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.	5. Extreme	3. Possible	15	5
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.	5. Extreme	3. Possible	15	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 due to a reputational impact.	5. Extreme	3. Possible	15	9
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.	3. Moderate	5. Almost certain	15	6
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.	3. Moderate	5. Almost certain	15	6
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.	3. Moderate	5. Almost certain	15	6
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.	3. Moderate	5. Almost certain	15	12
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.	3. Moderate	5. Almost certain	15	6
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.	3. Moderate	5. Almost certain	15	6
1157	CMG 6 - CSI	Nuclear Medicine	If there is a lack of planned maintenance for medical equipment maintained by Medical Physics, caused by gaps with Medical Physics technical staffing, then it may result in failure to achieve compliance with regulations & standards leading to Reputational impact.	3. Moderate	5. Almost certain	15	6
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.	3. Moderate	5. Almost certain	15	8
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.	3. Moderate	5. Almost certain	15	12
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.	3. Moderate	5. Almost certain	15	1
2166	Corporate and Legal Affairs	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.	3. Moderate	5. Almost certain	15	4
3958	IM&T		If obsolete clinical IT systems (e.g. Proton, Clinical Workstation) are not upgraded or replaced to be supported to the required level, then it may result in interruption to critical business function, leading to service disruption, potential impact on quality with delays in decision making and financial impact.	3. Moderate	5. Almost certain	15	2

3955	IM&T	IM&T	If the clinical workstation system providing a full electronic patient record in adult and paediatric diabetes & endocrinology at the LRI is not replaced, then it may result in untimely provision of patient information, leading to interruption to critical business functions. potential impact on quality with delays in decision making and financial impact.	3. Moderate	5. Almost certain	15	2
4072	IM&T	IM&T	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.	3. Moderate	5. Almost certain	15	6
3960	IM&T	IM&T	If out of support IM&T software running critical services fails, then it may result in interruption to critical business function, leading to service disruption. potential impact on quality with delays in decision making and financial impact.	3. Moderate	5. Almost certain	15	2
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.	3. Moderate	5. Almost certain	15	4
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.	3. Moderate	5. Almost certain	15	9
4190	Corporate Nursing	Corporate Nursing	Due to a known issue where the air cells in the Medstrom Aria Flex mattress used at LRI and LGH are misaligned, then it may result in patients suffering skin damage. leading to patient harm.	3. Moderate	5. Almost certain	15	6